2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# L02000020503

Entity Name: NORTHLAKE STORAGE, LLC

Current Principal Place of Business:

3300 PGA BLVD. SUITE 400
PALM BEACH GARDENS, FL 334102811

New Principal Place of Business:

3300 PGA BLVD. SUITE 350
PALM BEACH GARDENS, FL 334102811

Current Mailing Address:

3300 PGA BLVD. SUITE 400
PALM BEACH GARDENS, FL 334102811

New Mailing Address:

3300 PGA BLVD. SUITE 350
PALM BEACH GARDENS, FL 334102811

FEI Number: 16-1621365 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCINTOSH, ROBERT A
3300 PGA BLVD. SUITE 400
PALM BEACH GARDENS, FL 334102811 US

Name and Address of New Registered Agent:

MCINTOSH, ROBERT A
3300 PGA BLVD. SUITE 350
PALM BEACH GARDENS, FL 334102811 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: 04/13/2009
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: SOUTHERN STORAGE MANAGEMENT SYSTEMS, INC.
Address: 3300 PGA BLVD. SUITE 400
City-St-Zip: PALM BEACH GARDENS, FL 334102811

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: SOUTHERN STORAGE MANAGEMENT SYSTEMS, INC.
Address: 3300 PGA BLVD. SUITE 350
City-St-Zip: PALM BEACH GARDENS, FL 334102811

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ROBERT A MCINTOSH VP 04/13/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date