

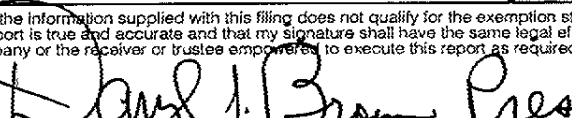
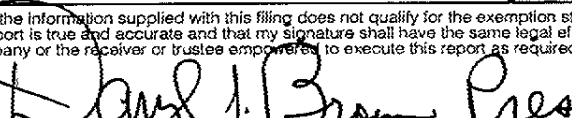
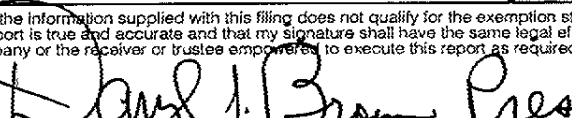


FILED
Jan 23, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000025393 1. Entity Name LOCKWOOD STOR-N-MORE SELF STORAGE, L.L.C.																																			
Principal Place of Business 1525 EASTBROOK DRIVE SARASOTA, FL 34231		Mailing Address 1525 EASTBROOK DRIVE SARASOTA, FL 34231																																	
DO NOT WRITE IN THIS SPACE		 01142004 No Chg-LLC CR2E083 (10/03)																																	
		<table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:80%;">4. FEI Number 71-0905626</td><td style="width:20%; text-align: center;">Applied For Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required</td></tr></table>		4. FEI Number 71-0905626	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																													
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6. Name and Address of Current Registered Agent MAGLIO, JENNIFER G ESQUIRE BROWN CLARK CHRISTOPHER & DEMAY, P.A. 1819 MAIN STREET, SUITE 1100 SARASOTA, FL 34230		DO NOT WRITE IN THIS SPACE																																	
8. 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. I am familiar with, and accept the obligations of registered agent.																																			
<table style="width:100%;"><tr><td style="width:40%;">SIGNATURE: _____</td><td style="width:40%; text-align: center;">(NOTE: Registered Agent signature required when reinstating)</td><td style="width:20%; text-align: right;">DATE _____</td></tr><tr><td colspan="3" style="font-size: small;">Signature, typed or printed name of registered agent and title if applicable.</td></tr></table>				SIGNATURE: _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____	Signature, typed or printed name of registered agent and title if applicable.																												
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Filing Fee is \$50.00 Due by May 1, 2004																																			
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:10%; text-align: center;">TITLE</td><td style="width:90%;">MGR</td></tr><tr><td style="text-align: center;">NAME</td><td>INTERSTATE BUSINESS CENTERS, INC.</td></tr><tr><td style="text-align: center;">STREET ADDRESS</td><td>1525 EASTBROOK DRIVE</td></tr><tr><td style="text-align: center;">CITY - ST - ZIP</td><td>SARASOTA, FL 34231</td></tr><tr><td style="text-align: center;">TITLE</td><td></td></tr><tr><td style="text-align: center;">NAME</td><td></td></tr><tr><td style="text-align: center;">STREET ADDRESS</td><td></td></tr><tr><td style="text-align: center;">CITY - ST - ZIP</td><td></td></tr><tr><td style="text-align: center;">TITLE</td><td></td></tr><tr><td style="text-align: center;">NAME</td><td></td></tr><tr><td style="text-align: center;">STREET ADDRESS</td><td></td></tr><tr><td style="text-align: center;">CITY - ST - ZIP</td><td></td></tr><tr><td style="text-align: center;">TITLE</td><td></td></tr><tr><td style="text-align: center;">NAME</td><td></td></tr><tr><td style="text-align: center;">STREET ADDRESS</td><td></td></tr><tr><td style="text-align: center;">CITY - ST - ZIP</td><td></td></tr></table>		TITLE	MGR	NAME	INTERSTATE BUSINESS CENTERS, INC.	STREET ADDRESS	1525 EASTBROOK DRIVE	CITY - ST - ZIP	SARASOTA, FL 34231	TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		<div style="text-align: right; margin-bottom: 20px;">000000011537 01/23/04-80041-015 50.00</div> DO NOT WRITE IN THIS SPACE	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.																																			
<table style="width:100%;"><tr><td style="width:60%;">SIGNATURE: </td><td style="width:20%; text-align: center;">1/15/04</td><td style="width:20%; text-align: right;">941-957-3800</td></tr><tr><td colspan="3" style="font-size: small; text-align: center;">SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</td></tr></table>				SIGNATURE: 	1/15/04	941-957-3800	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE																												
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