


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 10, 2005 8:00 am**  
**Secretary of State**

01-10-2005 90053 026 \*\*\*\*50.00

<b>DOCUMENT # L02000025393</b>	
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
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2. Principal Place of Business 6465 Indigo Bunting Place Suite, Apt. #, etc.	3. Mailing Address 6465 Indigo Bunting Place Suite, Apt. #, etc.
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City & State Bradenton, FL	City & State Bradenton, FL
Zip 34202	Country
Zip 34202	Country

01052005 Chg-LLC CR2E083 (10/03)

4. FEI Number 71-0905626	Applied For Not Applicable
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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
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7. Name and Address of New Registered Agent	
Name Daryl J. Brown	
Street Address (P.O. Box Number is Not Acceptable) Brown & Morgan, P. A.	
1800 Second Street, Suite 806	
City Sarasota, FL	Zip Code 34236

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.
SIGNATURE <u>Daryl J. Brown</u> DATE <u>1/6/05</u>
<small>Signature, typed or printed name of registered agent and time if applicable. (NOTE: Registered Agent signature required when reinstating)</small>

**Filing Fee is \$50.00  
Due by May 1, 2005**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR INTERSTATE BUSINESS CENTERS, INC. 1525 EASTBROOK DRIVE SARASOTA, FL 34231 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Interstate Business Centers, Inc. 6465 Indigo Bunting Place Bradenton, FL 34202 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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.	
SIGNATURE: <u>Daryl J. Brown</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	DATE <u>1/6/05</u> PHONE <u>941-366-2202</u> <small>Date Daytime Phone #</small>
Daryl J. Brown, President	