

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 20, 2006 8:00 am
Secretary of State

01-20-2006 90052 010 ****50.00

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DOCUMENT # L02000025393 1. Entity Name LOCKWOOD STOR-N-MORE SELF STORAGE, L.L.C.					
Principal Place of Business 6465 INDIGO BUNTING PLACE BRADENTON, FL 34202			Mailing Address 6465 INDIGO BUNTING PLACE BRADENTON, FL 34202		
2. Principal Place of Business 6915 WESTCHESTER CIRCLE Suite, Apt. #, etc.		3. Mailing Address 6915 WESTCHESTER CIRCLE Suite, Apt. #, etc.		01162006 Chg-LLC CR2E083 (11/05)	
City & State BRADENTON, FL.		City & State BRADENTON, FL.		4. FEI Number 71-0905626	
Zip 34202		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BROWN, DARYL J. BROWN & MORGAN, P.A. 4800 SECOND STREET, SUITE 806 SARASOTA, FL 34230				7. Name and Address of New Registered Agent Name DARYL J. BROWN Street Address (P.O. Box Number is Not Acceptable) 6915 WESTCHESTER CIRCLE City BRADENTON FL Zip Code 34202	
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>1/16/06</u> <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006			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. 6465 INDIGO BUNTING PLACE BRADENTON, FL 34202 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6915 WESTCHESTER CIRCLE BRADENTON, FL 34202	
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 exemptions contained in Chapter 119, 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> DARYL J. BROWN			Date <u>1/16/06</u> Daytime Phone # <u>941-907-8860</u>		