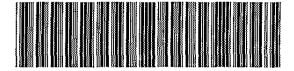
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SECTET OF STATE



4711 N.W. 53rd Avenue Gainesville, FL 32606 Phone (352) 373-1080 Fax (352) 373-5110

Members of
American Institute of CPA'S
Florida Institute of CPA'S
National Association of Certified Valuation Analysts

William F. McDavid, CPA*, CVA Suzannah D. Gudmundsen, CPA* Nora C. Rockwell, CPA* Patricia A. Cucchiara, CPA*, CVA *CPA's regulated by the State of Florida

February 19, 2003

Registration Section Division of Corporations Post Office Box 6327 Tallahassee, Florida 32314

Re: 441 Self Storage, LLC

Please find enclosed a check in the amount of \$125 for Articles of Organization filing fee (\$100) and Designation of Registered Agent fee (\$25).

Do not hesitate to call should you have any questions. Thank you for your assistance in this matter.

Very truly yours,

McDavid & Company

William F. McDavid, CPA

Enclosure

cc: David Robinson

WFM:msb

ARTICLES OF ORGANIZATION OF 441 SELF STORAGE, LLC



ARTICLE 1 - NAME

The name of the limited liability Company (hereinafter referred to as "Company") is: 441 SELF STORAGE, LLC.

ARTICLE II - EXISTENCE

The Company shall have perpetual existence commencing on the date these Articles of Organization are filed with the Florida Department of State.

ARTICLE III - LOCATION

The street and mailing address of the principal office of the Company is 16026 Northeast 2nd Street, Gainesville, Florida, 32609.

ARTICLE IV - PURPOSES AND POWERS

The general purpose for which the Company is organized is to transact any lawful business for which a limited liability company may be organized under the laws of the State of Florida. The Company shall have all the powers granted to a limited liability company under the laws of the State of Florida.

ARTICLE V - REGISTERED OFFICE AND AGENT

The street address in the State of Florida of the initial registered office of the Company is 16026 Northeast 2nd Street, Gainesville, Florida, 32609, and the name of its initial registered agent at such address is David C. Robinson.

ARTICLE VI - CAPITAL CONTRIBUTIONS

The members of the Company shall each contribute to the capital of the Company the sum of \$1,000.00.

ARTICLE VII - ADDITIONAL CAPITAL CONTRIBUTIONS

Each member shall make additional capital contributions to the Company only upon the unanimous consent of all the members.

ARTICLE VIII - ADMISSION OF NEW MEMBERS

No additional members shall be admitted to the Company except with the unanimous written consent of all the members of the Company and upon such terms and conditions as shall be determined by all the members. A member may transfer his or her interest in the Company as set forth in the Regulations of the Company, but the transferee shall have no right to participate in the management of the business and affairs of the Company or become a member unless all the other members of the Company other than the member proposing to dispose of his or her interest approve of the proposed transfer by unanimous written consent.

ARTICLE IX - TERMINATION OF EXISTENCE

The Company shall be dissolved upon the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or upon the occurrence of any other event that terminates the continued membership of a member in the Company, unless the business of the Company is continued by the consent of all the remaining members, provided there is at least one remaining member.

ARTICLE X - MANAGEMENT

The Company shall be managed by one or more managers as set forth in the Regulations. The initial manager shall serve until the first meeting of the members or until his successor is elected and qualifies. The initial manager and his address is DAVID C. ROBINSON, 16026 Northwest 2nd Street, Gainesville, Florida, 32609.

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SECRETATIVE STATE
TALLAHASSE SECRETA

In accordance with Section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

DAVID C. ROBINSON

STATE OF FLORIDA COUNTY OF ALACHUA

Subscribed and sworn to before me this 19 day of February, 2003, by DAVID C. ROBINSON, who is personally known to me, or who produced as identification.

Notary Public

My Commission Expires:

