2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 11, 2009
Secretary of State

DOCUMENT# L03000013994

Entity Name: SAFE STORAGE OF MARIANNA, LLC

Current Principal Place of Business:

5053 HIGHWAY 90 E
SUITE 1
MARIANNA, FL 32446 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 728
MARIANNA, FL 32447 US

New Mailing Address:

FEI Number: 83-0354960 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARRISON, III, C C
5053 HIGHWAY 90E
MARIANNA, FL 32446 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: HARRISON, III, C C
Address: 5053 HIGHWAY 90E
City-St-Zip: MARIANNA, FL 32446

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: HARRISON, III, C C
Address: 5053 HIGHWAY 90E
City-St-Zip: MARIANNA, FL 32446 US

Title: MGRM ( ) Change (X) Addition
Name: DAFFIN, JR., RALPH H
Address: 5053 HIGHWAY 90E
City-St-Zip: MARIANNA, FL 32446 US

Title: MGRM ( ) Change (X) Addition
Name: DONOFRO,SR, PAUL A
Address: 5053 HIGHWAY 90E
City-St-Zip: MARIANNA, FL 32446 US

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: C C HARRISON III MGR 03/11/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date