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2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State
04-26-2004 90041 007 ****50.00

DOCUMENT # L03000024755

1. Entity Name
NATIONWIDE BRADENTON, L.L.C.

Principal Place of Business	Mailing Address
3440 HOLLYWOOD BLVD., STE. 360 HOLLYWOOD, FL 33021	3440 HOLLYWOOD BLVD., STE. 360 HOLLYWOOD, FL 33021

01282004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
18851 NE 29th Ave	18851 NE 29th Ave
Suite, Apt. #, etc. 900	Suite, Apt. #, etc. 900
City & State Aventura-FL	City & State Aventura-FL
Zip 33180 Country USA	Zip 33180 Country USA

4. FEI Number 43-2021706 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ROUSSO, MARK E ESQ
ROTH, ROUSSO & DARRACH, P.A.
3440 HOLLYWOOD BLVD., STE. 360
HOLLYWOOD, FL 33021

7. Name and Address of New Registered Agent

Name Rousso, Mark E.
Street Address (P.O. Box Number is Not Acceptable)
18851 NE 29th Ave #900
City Aventura FL Zip Code 33180

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 Mark Rousso 04/21/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NATIONWIDE SELF STORAGE, INC. 3440 HOLLYWOOD BLVD., STE. 360 HOLLYWOOD, FL 33021 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition 18851 NE 29th Ave #900 Aventura FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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.

SIGNATURE: Glenn Singer 4/1/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

TOTAL P.02