


**FILED**  
**Mar 02, 2006 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L03000054342</b>				<b>Secretary of State</b>		
1. Entity Name <b>ORLANDO WEST SELF-STORAGE, LLC</b>						
Principal Place of Business <b>6424 PINECASTLE BLVD. SUITE A ORLANDO, FL 32809 US</b>		Mailing Address <b>6424 PINECASTLE BLVD. SUITE A ORLANDO, FL 32809 US</b>				
<b>DO NOT WRITE IN THIS SPACE</b>						
		01172006No Chg-LLC CR2E083 (11/05)				
		4. FEI Number <b>20-0528346</b>		Applied For Not Applicable		
		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required		
6. Name and Address of Current Registered Agent  <b>BAILES PROPERTIES, INC. 6424 PINECASTLE BLVD. SUITE A ORLANDO, FL 32809</b>		<b>DO NOT WRITE IN THIS SPACE</b>				
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____						
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>						
9. MANAGING MEMBERS/MANAGERS		<b>DO NOT WRITE IN THIS SPACE</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM BAILES HOLDINGS, LLP 6424 PINECASTLE BLVD, SUITE A ORLANDO, FL 32809</b>					
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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:  2-27-06						