

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-20-2006 90023 033 ****55.00

DOCUMENT # L04000005980 1. Entity Name MARCO SELF STORAGE, LLC					
Principal Place of Business 1360 FORREST COURT MARCO ISLAND, FL 34145			Mailing Address 1360 FORREST COURT MARCO ISLAND, FL 34145		
2. Principal Place of Business 940 CHAMBER DR. Suite, Apt. #, etc.		3. Mailing Address 940 CHAMBER DR. Suite, Apt. #, etc.			
City & State MARCO ISLAND FL Zip 34145		City & State MARCO ISLAND FL Zip 34145		4. FEI Number 20-0641929	
Country USA		Country USA		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				01062006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent HELMS, JERRY W 1360 FORREST COURT MARCO ISLAND, FL 34145			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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><i>Jerry W. Helms</i></u> <u><i>Jerry W. Helms</i></u> <u>4-18-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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 HELMS, JERRY W 1360 FORREST COURT MARCO ISLAND, FL 34145 <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	
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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><i>Jerry W. Helms</i></u> <u>4-18-06</u> <u>239-394-5900</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

20033092



ATTACHMENT
20033092
#10400000580

Fel # was
changed when
NAME WAS
CHANGED TO
MARCO SEB STRASSER

239-394 5900

J. Helm