

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000014502

FILED
Mar 28, 2006
Secretary of State

Entity Name: STUFF SELF STORAGE DEVELOPMENT, LLC

Current Principal Place of Business:

617 E. WASHINGTON STREET, SUITE 4
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

617 E. WASHINGTON STREET, SUITE 4
ORLANDO, FL 32801

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MILLER, SOUTH, MILHAUSEN & CARR, P.A.
C/O RICHARD D. BAXTER, ESQ.
2699 LEE ROAD, SUITE 120
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

MILLER, SOUTH, MILHAUSEN & CARR, P.A.
1000 LEGION PLACE
SUITE 1200
ORLANDO, FL 32801 US

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: RICHARD BAXTER, ESQ.

03/28/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LEWLESS, JEROME E II
Address: 617 E. WASHINGTON STREET, SUITE 4
City-St-Zip: ORLANDO, FL 32801

Title: MGR () Delete
Name: LYNCH, J. CRAIG
Address: 7575 DR. PHILLIPS BLVD., SUITE 210
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JEROME E LEWLESS II

MM

03/28/2006

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