2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Jul 17, 2007 8:00 am **Secretary of State** DOCUMENT # L04000015109 07-17-2007 90006 027 ****50.00 US 1 A/C SELF STORAGE, LLC Principal Place of Business Mailing Address 3101 SOUTH FEDERAL HIGHWAY 25344 WESLEY CHAPEL 60052724 **BOYNTON BEACH, FL 33435** LUTZ. FL 33559 3. Mailing Address 2. Principal Place of Business - No P.O. Box # P.O. BOX 5744 Suite, Apt, #, etc. Suite, Act. #. etc. 07122007 CR2E083 (12/06) Chg-LLC City & State City & State 4. FEI Number Applied For FT. LAUDERDALE, FL 16-1670568 Not Applicable Zin Zip 33310 Country Country \$5.00 Additional 5. Certificate of Status Desired П usA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCCORMACK, THOMAS F 1 EAST BROWARD BLVD., SUITE 700 Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE, FL 33301 City Zip Code FL 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 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 September 14, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR TITLE Delete TITLE K1 Change ☐ Addition THOMAS F. MCCORMACK NAME HIGHLEY, CHARLES E NAME SAME STREET ADDRESS ONE EAST BROWARD BLVD., SUITE 700 STREET ADDRESS CITY-ST-7IP FT. LAUDERDALE, FL 33301 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition CHARLES L. HIGHLEY NAME MCCORMACK, THOMAS F NALE STREET ADDRESS 4495 N.W. 28TH AVENUE STREET ADDRESS SAME BOCA RATON, FL 33434 CITY-ST-ZIP CITY-ST-7/P TITLE Delete TITLE dition NAME NAME THE NAMES WERE MIXED UP W/ THE ADDRESSES STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE dition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete tition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TILLE lition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- 7IP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions containdicated on this report is true and accurate and that my signature shall have the same legal effect is limited liability company of the required by the requi 4 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGE

MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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