

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-10-2007 90081 032 ****55.00

DOCUMENT # L04000029661					
1. Entity Name STORAGE EAST VIII, LLC					
Principal Place of Business 3500 SW CORPORATE PARKWAY PALM CITY, FL 34990			Mailing Address 3500 SW CORPORATE PARKWAY PALM CITY, FL 34990		
2. Principal Place of Business - No P.O. Box # 495 South Vanner Hwy Suite, Apt. #, etc.		3. Mailing Address 4102 Emerson Street Suite, Apt. #, etc.			
City & State Stuart, FL		City & State Wilmington NC		4. FEI Number 20-1015003	
Zip 34997		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SABIN, CHARLES H 3500 SW CORPORATE PARKWAY PALM CITY, FL 34990				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM: <input type="checkbox"/> Delete SABIN, CHARLES H 3500 SW CORPORATE PARKWAY PALM CITY, FL 34990		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Member/Manager <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition James W Martin 4102 Emerson Street Wilmington NC 28403	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Member/Manager <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Aldous Epps 3500 SW Corporate Parkway Palm City FL 34990	
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	
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	
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	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			4/2/07 <small>Date</small>		910-792-5586 <small>Daytime Phone #</small>