

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 27, 2005 8:00 am
Secretary of State

06-27-2005 90135 009 ****50.00

DOCUMENT # L04000034643					
1. Entity Name UNIVERSAL STORAGE 27TH AVENUE, LLC					
Principal Place of Business 1021 IVES DAIRY ROAD STE. 111 MIAMI, FL 33179			Mailing Address 1021 IVES DAIRY ROAD STE. 111 MIAMI, FL 33179		
2. Principal Place of Business <i>2875 NE 191st Street</i>			3. Mailing Address <i>2875 NE 191st Street</i>		
Suite, Apt. #, etc. <i>Suite 400A</i>			Suite, Apt. #, etc. <i>Suite 400A</i>		
City & State <i>Aventura, FL</i>			City & State <i>Aventura, FL</i>		
Zip <i>33180</i>		Country <i>USA</i>		Zip <i>33180</i>	
				Country <i>USA</i>	
6. Name and Address of Current Registered Agent FELDMAN, MITCHELL A 1021 IVES DAIRY ROAD, STE. 111 MIAMI, FL 33179				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;">FLZip Code</div>	
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 				DATE <i>6/20/05</i>	
Filing Fee is \$50.00 Due by September 7, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM UNIVERSAL STORAGE MANAGEMENT, LLC 1021 IVES DAIRY ROAD STE. 11 MIAMI, FL 33179 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>MGRM</i> <i>USM 27th Avenue, LLC</i> <i>2875 NE 191st St, Suite 400A</i> <i>Aventura, FL 33180</i> <input type="checkbox"/> Change <input checked="" 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 exemption stated in Section 119.07(3)(i), 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 609, Florida Statutes.					
SIGNATURE: 			Date <i>6/20/05</i> Daytime Phone # <i>305-651-3786</i>		