

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000034643

FILED  
Apr 11, 2006  
Secretary of State

**Entity Name:** UNIVERSAL STORAGE 27TH AVENUE, LLC

**Current Principal Place of Business:**

2875 NE 191ST STREET  
SUITE 400A  
AVENTURA, FL 33180

**New Principal Place of Business:**

2665 S BAYSHORE DR.  
PH-2A  
COCONUT GROVE, FL 33133

**Current Mailing Address:**

2875 NE 191ST STREET  
SUITE 400A  
AVENTURA, FL 33180

**New Mailing Address:**

2665 S BAYSHORE DR.  
PH-2A  
COCONUT GROVE, FL 33133

**FEI Number:** 83-0394558

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FELDMAN, MITCHELL A  
1021 IVES DAIRY ROAD, STE. 111  
MIAMI, FL 33179 US

**Name and Address of New Registered Agent:**

FELDMAN, MITCHELL A  
2665 S BAYSHORE DR.  
PH-2A  
COCONUT GROVE, FL 33133 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: MITCHELL FELDMAN

04/11/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: USM 27TH AVENUE,LLC,  
Address: 2875 NE 191ST STREET, SUITE 400A  
City-St-Zip: AVENTURA, FL 33180

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: USM 27TH AVENUE,LLC,  
Address: 2665 S BAYSHORE DR., PH-2A  
City-St-Zip: COCONUT GROVE, FL 33133

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: MITCHELL FELDMAN

MGRM

04/11/2006

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