2006 LIMITED LIABILITY COMPANY

	ANNUAL	KEPORT (AR	1)	, Apr 10, 2006 08:00 AM
DOCUMENT # L04000037350  1. Entity Name				Secretary of State
ROBERT	D. KETCHUM, LLC			
Principal Pla	ce of Business	Mailing Address		
UNCLE BOB'S SELF STORAGE 6005 N WICKHAM RD MELBOURNE FL 32904		2181 CHERYL CT MELBOURNE FL 32935		
2. Principal Place of Business		3. Mailing Address		2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
Suite, Apt, II, etc.		Suste, Apt. #, etc.		1st MOORE CR2E083 (10/05)
City & State		City & State		4. FEI Number 59-1624581 Applied For Not Applied
Zíp	Country	Zíp	Country	5. Certificate of Stalus Desired
	6. Name and Address of Curre	nt Registered Agent	Name	7. Name and Address of New Registered Agent
METCALF, SCOTT 264 WEST DR.			<b>{</b>	Address (P.O. Box Number is Not Acceptable)
MELBOURNE FL 32904				1
			City	FL Zip Code
<ol> <li>The above the obliga</li> </ol>	e named entity submits this statement tions of registered agent.	for the purpose of changing it	s registered office or	or registered agent, or both, in the State of Florida. I am familiar with, and accep-
SIGNATURE	The state of the			1
	Signature, typed or printed name of registered agri	: :	OW!!! FEE IS \$	valurs required when remarks by OATE
		Make Check Payal		epartment of State
9.	MANAGING MEM	BERS/MANAGERS	10.	ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KETCHUM, ROBERT D 2181 CHERYL CT.	Oelete	NAME STREET ADDRESS	U00000500452 04/25/06-80022-020 50.00
HILE	MELBOURNE FL 32935	☐ Defete	CITY-SI-ZIP	☐ Change ☐ Addition
name Street address			NAME STREET ADDRESS	
CITY-ST-ZIP		☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS	
CITY-ST-ZIP TITLE		☐ Defeto	LILTE CUA-21-7sh	· Change Addition
NAME STREET ADDRESS CITY-ST-ZM			NAME STRLET ADDRESS CITY-ST-ZIP	
TITLE		☐ Delete	DILE	☐ Change ☐ Addition
NAME STREET ADDRESS CITY- ST- ZIP			NAME STREET ADDRESS CITY-57-ZIP	
TITLE PIAME		☐ Defete	FILE	☐ Change ☐ AddItion
STREET ADDRESS CITY-ST-ZIP			name Street Aodress City-St-Zip	

11. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 (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.

Roud & Kille

3-10-06

**FILED**