

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2007 8:00 am**  
**Secretary of State**

04-11-2007 90154 033 \*\*\*\*50.00

**DOCUMENT # L04000047866**

**1. Entity Name**  
**SEBASTIAN SELF STORAGE, L.L.C.**



**Principal Place of Business**  
**745 COMMERCE DRIVE**  
**SEBASTIAN, FL 32958**

**Mailing Address**  
**1910 82ND AVE**  
**SUITE 202**  
**VERO BEACH, FL 32966**

**60034892**



01052007 Chg-LLC CR2E083 (12/06)

**2. Principal Place of Business - No P.O. Box #**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number**  
**20-1295405**

Applied For  
Not Applicable

**5. Certificate of Status Desired** ☐

**\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**COASTAL CORPORATE SERVICES, INC.**  
**1701 HIGHWAY A1A, SUITE 220**  
**VERO BEACH, FL 32963**

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**

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 May 1, 2007**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS / MANAGERS**

**10. ADDITIONS / CHANGES**

**TITLE** TRG ☐ Delete  
**NAME** ADAMS, JAMES  
**STREET ADDRESS** 1910 82ND AVE SUITE 202  
**CITY - ST - ZIP** VERO BEACH, FL 32966

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE** MGRM ☐ Delete  
**NAME** ADAMS, PAUL L  
**STREET ADDRESS** 1910 82ND AVE SUITE 202  
**CITY - ST - ZIP** VERO BEACH, FL 32966

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE** ☐ Delete  
**NAME**  
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**CITY - ST - ZIP**

**TITLE** ☐ Change ☐ Addition  
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**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*MAN. MEMB.*

*3/30/07*