

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 18, 2008 8:00 am
Secretary of State

03-18-2008 90173 048 ***138.75

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|---|--|---------------------------------|---|--|---|
| 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 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 01102008 Chg-LLC CR2E083 (12/06) | |
| Zip | Country | Zip | Country | 4. FEI Number 20-1295405 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent COASTAL CORPORATE SERVICES, INC. 1701 HIGHWAY A1A, SUITE 220 VERO BEACH, FL 32963 | | | 7. Name and Address of New Registered Agent Name: <u>James Adams</u> Street Address (P.O. Box Number is Not Acceptable): <u>1910 82nd Ave Suite 202</u> City: <u>Vero Beach</u> <u>FL</u> Zip Code: <u>32966</u> | | |
| 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: <u>[Signature]</u> DATE: <u>1/16/8</u> <small>Signature, typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TRG ADAMS, JAMES 1910 82ND AVE SUITE 202 VERO BEACH, FL 32966 | <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 | MGRM ADAMS, PAUL L 1910 82ND AVE SUITE 202 VERO BEACH, FL 32966 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: <u>[Signature]</u> | | | | Date: <u>1/16/8</u> Daytime Phone # | |