2006 LIMITED LIABILITY COMPANY

SIGNATURE:

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

FILED ANNUAL REPORT Jan 25, 2006 08:00 AM DOCUMENT # L04000053618 **Secretary of State** 1. Entity Name NORTH PORT STORAGE PROPERTIES, LLC Principal Place of Business Mailing Address 13419 BLYTHEFIELD TERRACE 13419 BLYTHEFIELD TERRACE BRADENTON, FL 34202 BRADENTON, FL 34202 01122006No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1401046 Not Applicable \$5.00 Additional Fee Required 5. Certificate of Status Desired 8. Name and Address of Current Registered Agent CHARNAS, ELIOT 13419 BLYTHEFIELD TERRACE DO NOT WRITE BRADENTON, FL 34202 IN THIS SPACE 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 rife if applicable, (NOTE: Recistored Access strengture 1901 and when minetohoo) DATE Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS 9, MCRM TIFLE CHARNAS FAMILY L.P. NAME STREET ADDRESS 13419 BLYTHEFIELD TERRACE U00000401799 02/02/06-80057-012 50.00 CITY-57-ZIP BRADENTON, FL 34202 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET AUCRESS DO NOT WRITE CITY ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS COTY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-DP 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.