


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 27, 2005 8:00 am
Secretary of State

06-27-2005 90135 004 ****50.00

DOCUMENT # L04000057069		
1. Entity Name USM HIALEAH, LLC		

Principal Place of Business 1021 IVES DAIRY ROAD SUITE 111 MIAMI, FL 33179 US	Mailing Address 1021 IVES DAIRY ROAD SUITE 111 MIAMI, FL 33179 US
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20060697

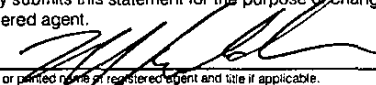


2. Principal Place of Business 2875 NE 191 St. Suite, Apt. #, etc. Suite 400A City & State Aventura FL Zip 33180 Country USA	3. Mailing Address 2875 NE 191 St. Suite, Apt. #, etc. Suite 400A City & State Aventura, FL Zip 33180 Country USA
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06212005 Chg-LLC CR2E083 (10/03)

4. FEI Number 07-1494002		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent FELDMAN, MITCHELL A 1021 IVES DAIRY ROAD SUITE 111 MIAMI, FL 33179		7. Name and Address of New Registered Agent Name Mitchell Feldman Street Address (P.O. Box Number is Not Acceptable) 2875 NE 191 St. Suite 400A City Aventura FL Zip Code 33180

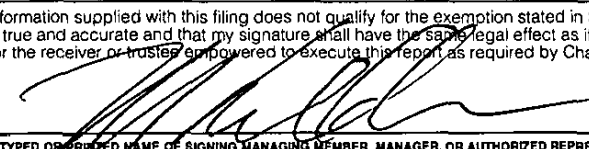
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  6/20/05
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 September 7, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM UNIVERSAL STORAGE MANAGEMENT, LLC 1021 IVES DAIRY ROAD, SUITE 111 MIAMI, FL 33179 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FELDMAN, MITCHELL A. 2875 NE 191 St, Ste. 400A Aventura, FL 33180 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BENENSON, ALAN J. 2875 NE 191 St, Ste 400A Aventura, FL 33180 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KATZ, EZRA 2665 S. Boyshore Dr., PH2-A COCONUT GROVE, FL 33133 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  6/20/05 305-651-3756
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #