

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

06-27-2005 90135 005 ****50.00

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|---|--|--|---|
| DOCUMENT # L04000060297 1. Entity Name UNIVERSAL STORAGE 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 | |
| 2. Principal Place of Business 2875 NE 191st St Suite, Apt. #, etc. Suite 400 A City & State Aventura, FL Zip 33180 Country USA | | 3. Mailing Address 2875 NE 191st St Suite, Apt. #, etc. Suite 400 A City & State Aventura, FL Zip 33180 Country USA | |
| 4. FEI Number 33-1098657 | | Applied For <input type="checkbox"/> 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 Applicable) 2875 NE 191st St Suite 400 A 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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small> | | | |
| Filing Fee is \$50.00 Due by September 7, 2005 | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM USM HIALEAH, LLC 1021 IVES DAIRY ROAD, SUITE 111 MIAMI, FL 33179 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM USM Hialeah, LLC 2875 NE 191st Street, Ste 400 A Aventura, FL 33180 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input checked="" 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 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: | | Date 6/20/05 Daytime Phone # 305-651-3752 | |