

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000077942

FILED
Jan 07, 2008
Secretary of State

Entity Name: OUT-BACK SELF STORAGE L.L.C.

Current Principal Place of Business:

19545 W. HIGHWAY 40
DUNNELLON, FL 34432

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1513
INVERNESS, FL 344511513

New Mailing Address:

P.O. BOX 1257
DUNNELLON, FL 34430

FEI Number: 20-1833255

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARRELSON, DONNY H
5506 E. ARBOR ST.
INVERNESS, FL 34452 US

Name and Address of New Registered Agent:

HARRELSON, DONNY H
19545 W. HWY 40
DUNNELLON, FL 34432 US

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.

SIGNATURE:

01/07/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HARRELSON, DONNY H
Address: 5506 E. ARBOR ST.
City-St-Zip: INVERNESS, FL 34452

Title: MGRM () Delete
Name: HARRELSON, BRENDA M
Address: 5506 E. ARBOR ST.
City-St-Zip: INVERNESS, FL 34452

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HARRELSON, DONNY H
Address: 19545 W. HWY 40
City-St-Zip: DUNNELLON, FL 34432

Title: MGRM (X) Change () Addition
Name: HARRELSON, BRENDA M
Address: 19545 W. HWY 40
City-St-Zip: DUNNELLON, FL 34432

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DONNY H. HARRELSON

MGR

01/07/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date