

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000083942

**FILED**  
**Apr 25, 2005**  
**Secretary of State**

**Entity Name:** 27 SELF STORAGE, L.L.C.

**Current Principal Place of Business:**

6435 DANIELS ROAD  
NAPLES, FL 34109 US

**New Principal Place of Business:**

**Current Mailing Address:**

6435 DANIELS ROAD  
NAPLES, FL 34109 US

**New Mailing Address:**

**FEI Number:** 20-1903113      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MOSBAUGH, CONNIE  
6435 DANIELS ROAD  
NAPLES, FL 34109 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: MOSBAUGH, CONNIE  
Address: 6435 DANIELS ROAD  
City-St-Zip: NAPLES, FL 34109 US

Title: MEM ( ) Delete  
Name: MOSBAUGH, CONNIE  
Address: 6435 DANIELS ROAD  
City-St-Zip: NAPLES, FL 34109 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MOSBAUGH, CONNIE A  
Address: 6435 DANIELS ROAD  
City-St-Zip: NAPLES, FL 34109 US

Title: MGRM (X) Change ( ) Addition  
Name: MOSBAUGH, MARK B  
Address: 6435 DANIELS ROAD  
City-St-Zip: NAPLES, FL 34109 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CONNIE A. MOSBAUGH

MGRM

04/25/2005

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