

**2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

**FILED  
Oct 06, 2006  
Secretary of State**

DOCUMENT# L05000016789

Entity Name: EXTRA SPACE OF GREENACRES LLC

**Current Principal Place of Business:**

2795 E. COTTONWOOD PKWY, #400  
SALT LAKE CITY, UT 84121

**New Principal Place of Business:**

**Current Mailing Address:**

2795 E. COTTONWOOD PKWY, #400  
SALT LAKE CITY, UT 84121

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: DAVID RASMUSSEN

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: CHRISTENSEN, KENT W  
Address: 2795 E. COTTONWOOD PKWY, #400  
City-St-Zip: SALT LAKE CITY, UT 84121

Title: MGR ( ) Delete  
Name: ALLEN, CHARLES L  
Address: 2795 E. COTTONWOOD PKWY, #400  
City-St-Zip: SALT LAKE CITY, UT 84121

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: CHARLES L ALLEN

MGR

10/06/2006

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