



**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # L05000044079 1. Entity Name FORT KNOX SELF STORAGE II, LLC |  |
|--|---|

| | |
|---|---|
| Principal Place of Business 1020 LAKE SUMTER LANDING THE VILLAGES, FL 32162 | Mailing Address 1682 EAST GUDE DRIVE, SUITE 201 ROCKVILLE, MD 20850 |
|---|---|

DO NOT WRITE IN THIS SPACE



01152007No Chg-LLC CR2E083 (11/05)

| | |
|---|-----------------------------------|
| 4. FEI Number 84-1678218 | 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

SKATES, JEFFREY P
1028 LAKE SUMTER LANDING
THE VILLAGES, FL 32162

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2007**

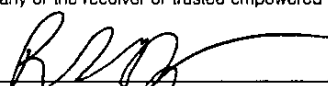
000000597868
01/24/07-80053-009 50.00

9. MANAGING MEMBERS/MANAGERS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM PARR, JAMES H 1020 LAKE SUMTER LANDING THE VILLAGES, FL 32162 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM AIA SELF STORAGE, INC 1682 E GUDE DR ROCKVILLE, MD 20850 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **1/15/07** **301-762-1030**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #