


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 21, 2007 8:00 am
Secretary of State

02-21-2007 90103 010 ****50.00

DOCUMENT # L05000053591	
1. Entity Name UNITED SELF STORAGE, LLC	

Principal Place of Business 9659 125TH STREET N. SEMINOLE FL 33772	Mailing Address 9659 125TH STREET N. SEMINOLE FL 33772
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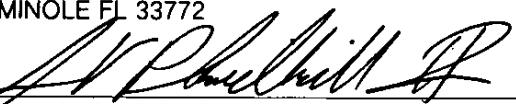
2. Principal Place of Business - No P.O. Box # 12148 Lillian Ave.	3. Mailing Address 12148 Lillian Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E083 (10/06)

City & State Largo, FL	City & State Largo, FL
Zip 33778	Zip 33778
Country USA	Country USA

4. FEI Number 38-3721944	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent WILEY, AMANDA P 9659 125TH STREET N. SEMINOLE FL 33772	
	

7. Name and Address of New Registered Agent Name John V. Phillipoff	
Street Address (P.O. Box Number Not Acceptable) 12148 Lillian Ave.	
City Largo	State FL
Zip Code 33778	

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 Amanda P. Wiley	DATE 1/30/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WILEY, AMANDA P 9659 125TH ST NORTH SEMINOLE FL 33772 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PHILLIPOFF, JOHN V II 9659 125TH ST NORTH SEMINOLE FL 33772 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BREWER, JENNIFER P 4985 EAST HILLCREST DR PORT ORCHARD WA 98366 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Wiley, Amanda P. 1100 Kennedy Rd. Arnoldsville, Ga 30619 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM John V. Phillipoff II 12148 Lillian Ave. Largo, FL 33778 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Amanda P. Wiley	DATE: 1/30/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	
Daytime Phone # 706-548-4530	