## 2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## Feb 23, 2006 8:00 am Secretary of State **DOCUMENT # L05000059314** 01-30-2006 90155 018 \*\*\*\*55.00 STORAGE EAST XV EDWARDS, LLC Mailing Address Principal Place of Business 3500 S.W. CORPORATE PARKWAY 3500 S.W. CORPORATE PARKWAY PALM CITY, FL 34990 PALM CITY, FL 34990 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01232006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For 20-3012304 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SABIN: CHARLES H Street Address (P.O. Box Number is Not Acceptable) 3500 S.W. CORPORATE PARKWAY PALM CITY, FL 34990 City Zip Code 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. Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. MGRM TITLE ☐ Defete TIT! € ☐ Change Addition MARTIN, JAMES W NAME NAME 100 WINDLASS DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WILMINGTON, NC 28409 CITY-ST-ZIP Defete TITE F ☐ Change ☐ Addition TITLE NAME NUME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NUL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CIZY-ST-ZIP CITY-ST-7IP Delete IITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ■ Addition NAME MALK STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. Thereby certify that the information supplied with this filling 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. -26-2006

G MEMBER MANAGER OR AUTHORIZED REPRESENTATIVE



## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 3, 2006

STORAGE EAST XV EDWARDS, LLC 3500 S.W. CORPORATE PARKWAY PALM CITY, FL 34990

Subject: STORAGE EAST XV EDWARDS, LLC

Reference Number:

L05000059314

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$55.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/CJ ANNUAL REPORTS SECTION