

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000075947

FILED  
Apr 23, 2007  
Secretary of State

Entity Name: ST. LUCIE SELF STORAGE, L.L.C.

**Current Principal Place of Business:**

12375 W. SAMPLE ROAD  
CORAL SPRINGS, FL 33065 US

**New Principal Place of Business:**

**Current Mailing Address:**

12375 W. SAMPLE ROAD  
CORAL SPRINGS, FL 33065 US

**New Mailing Address:**

FEI Number: 20-3277841

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ROSEN, PHILIP C ESQ.  
8551 W. SUNRISE BLVD.  
SUITE 208  
FT. LAUDERDALE, FL 33322 US

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

SCHULMAN, NORMAN D MGR  
23423 SERENE MEADOW DR S.  
BOCA RATON, FL 33428 US

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: NORMAN SCHULMAN

04/23/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SPIRK, PETER  
Address: 2110 N. OCEAN BLVD., APT. 2201  
City-St-Zip: FT. LAUDERDALE, FL 33305

Title: MGR ( ) Delete  
Name: SCHULMAN, NORMAN  
Address: 12375 W. SAMPLE ROAD  
City-St-Zip: CORAL SPRINGS, FL 33065

**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: PETER SPIRK

MGR

04/23/2007

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