2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 02, 2009
Secretary of State

DOCUMENT# L05000085823

Entity Name: BAYSHORE SELF STORAGE LLC

Current Principal Place of Business:

5871 BAYSHORE RD
NORTH FORT MYERS, FL 33917

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1133
ESTERO, FL 33928

New Mailing Address:

P.O. BOX 1133
ESTERO, FL 33929

FEI Number: 20-3397474 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MURTAUGH, JAMES J II
22200 SEASHORE CIRCLE
ESTERO, FL 33928 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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGR	( ) Delete
Name:	MURTAUGH, JAMES J	
Address:	22200 SEASHORE CIRCLE	
City-St-Zip:	ESTERO, FL 33928	
Title:	MGR	( ) Delete
Name:	MURTAUGH, JAMES J II	
Address:	22200 SEASHORE CIRCLE	
City-St-Zip:	ESTERO, FL 33928	
Title:	MGR	( ) Delete
Name:	MURTAUGH, DIANE C	
Address:	22200 SEASHORE CIRCLE	
City-St-Zip:	ESTERO, FL 33928	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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: JAMES J MURTAUGH II MGR 03/02/2009

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