

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000098810

FILED
Jul 02, 2007
Secretary of State

Entity Name: NORTH NAPLES STORAGE II, LLC

Current Principal Place of Business:

2575 NORTH FAIRVIEW AVENUE #250
ST. PAUL, MN 55113

New Principal Place of Business:

Current Mailing Address:

2575 NORTH FAIRVIEW AVENUE #250
ST. PAUL, MN 55113

New Mailing Address:

3936 TAMIAMI TRAIL NORTH
SUITE B
NAPLES, FL 34103

FEI Number: 20-3602841 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

VOGEL, JAMES D
VOGEL LAW OFFICE, P.A.
3936 TAMIAMI TRAIL NORTH, STE. B
NAPLES, FL 34103 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: MGRM () Delete
Name: COMMERS, DANIEL P
Address: 2575 NORTH FAIRVIEW AVENUE #250
City-St-Zip: ST. PAUL, MN 55113

Title: MGRM () Delete
Name: REILING, WILLIAM S
Address: 2265 COMO AVENUE NORTH
City-St-Zip: ST. PAUL, MN 55108

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 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: WILLIAM S. REILING

MGRM

07/02/2007

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