2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

04-27-2006 90023 020 ****50.00 **DOCUMENT # L05000107451** USA STOR-A-WAY AT SARASOTA, LLC Principal Place of Business Mailing Address 30009184 4051 WEST STATE ROAD 46 4051 WEST STATE ROAD 46 SANFORD, FL 32771 SANFORD, FL 32771 2. Principal Place of Business 3. Mailing Address Suite. Act. #. etc. Suite, Apt. #, etc. 01312006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For 20-3751971 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NEUKAMM, MICHAEL E Street Address (P.O. Box Number is Not Acceptable) 301 E. PINE STREET, SUITE 1400 ORLANDO, FL 32801 City 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 Signature, hyperd or printed name of registered agent and side 6 applicable. Filling Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES TITLE TITLE Change : Addition RICHAMS E. CARDAMONE MALES 4051 DEST SR 46 STREET ADDRESS STREET ADDRESS SANFORD FL. 32771 CITY-57-70 CITY . ST. 719 TITLE ☐ Delete THLE ☐ Change ☐ Addition HAME NAME STREET ADDRESS STREET ACCORESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE □ Delete ☐ Change Addition MAE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Oetete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TILLE Delete TITLE Change ■ Addition KALE NAME STREET ADDRESS STREET MODRESS CITY-ST-ZIP CITY-ST-ZP IIILE ☐ October TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing 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 it 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. Accurately. 4-19-06 CARJAMINE 407-301-4077 SIGNATURE:

INTED HAME OF BIGHING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

May 30, 2006 8:00 am Secretary of State

Caytone Phone II