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2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

Mar 08, 2006 8:00 am Secretary of State 02-20-2006 90142 017 ****50.00 **DOCUMENT #L05000109244** 1. Entity Name SOUTH DALE MABRY SELF STORAGE, LLC Principal Place of Business Mailing Address 6424 PINECASTLE BLVD., SUITE A 6424 PINECASTLE BLVD., SUITE A ORLANDO, FL 32809 ORLANDO, FL 32809 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01172006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For 20-3811444 Not Applicable Zip Zip Country 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 BAILES & HOLDINGS, LLP Street Address (P.O. Box Number is Not Acceptable) 6424 PINECASTLE BLVD., SUITE A ORLANDO, FL 32809 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 lamiliar with, and accept SIGNATURE Signature, typed or printed name of registered agent and tide if applicable. (NOTE: Registered Agent signature required when rein Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE Delete TITLE Doug hacrosse NAME NAME 3303 W. morrison Ave STREET ACCRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP TAMAA DRONDENT P1 336 28 TITLE ☐ Delata TITLE Charles 5- RAIles JA Buile A ☐ Change Addition NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-22P ORLANDO RI 32809 TITLE mı ☐ Delete Change ■ Addition MASKE HASE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP met " [7] thetere tine: Change · 🖂 Addition NAME MALLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-51-2P TITLE Oelete DID 6 ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CIY-SI-ZP TITLE . TITLE ☐ Deleta ☐ Chance ■ Addition NAME NAME

FILED

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Horida Statutes, if 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 oeth; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to exempt the chapter 65%. Excited Statutes.

SIGNATURE:	Make	Doug Lacrosse	7-14-06	813-517-037
BIGNATURE AND TYPED OR PRINTED MARK OF EXCHING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone #

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FLORIDA DEPARTMENT OF STATE Division of Corporations

February 22, 2006

SOUTH DALE MABRY SELF STORAGE, LLC 6424 PINECASTLE BLVD., SUITE A ORLANDO, FL 32809

Subject: SOUTH DALE MABRY-SELF-STORAGE, LLC

Reference Number:

L05000109244

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

List the complete title, name, street address, city, state and zip code of each manager, managing member or principal of the limited liability company.

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.

/JE ANNUAL REPORTS SECTION

P.O. BOX 6478 - Tallahassee, Florida 32314

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