

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 14, 2007 8:00 am
Secretary of State

01-18-2007 90020 028 ****55.00

DOCUMENT # L06000009144 1. Entity Name STORAGE EXPRESS I, LLC					
Principal Place of Business 7400 W. OAKLAND PARK BLVD. LAUDERHILL, FL 33319			Mailing Address 7400 W. OAKLAND PARK BLVD. LAUDERHILL, FL 33319		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 2700 N. State Rd 7			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Hollywood, FL		4. FEI Number 20-4186813	
Zip		Zip 33021		Country USA	
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent H & H LLC 1914 N.W. 137TH TERRACE PEMBROKE PINES, FL 33028			7. Name and Address of New Registered Agent Name H & H, LLC Street Address (P.O. Box Number is Not Acceptable) 2700 N. State Rd 7 City Hollywood FL Zip Code 33021		
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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM H & H LLC 1914 N.W. 137TH TERRACE PEMBROKE PINES, FL 33028	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM H & H, LLC 2700 N. State Rd 7 Hollywood FL 33021	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Elyezer Hus 2700 N. State Rd 7 Hollywood FL 33021	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Owner P Elyezer Hus 2700 N. State Rd 7 Hollywood FL 33021	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Edna Hus 2700 N State Rd 7 Hollywood FL 33021	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Owner VP Edna Hus 2700 N. State Rd 7 Hollywood FL 33021	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition
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 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: _____ Elyezer Hus 1/3/07 954-927-9277 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					