

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 10, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000019931

1. Entity Name
PALMETTO STOR-N-MORE SELF STORAGE, LLC



Principal Place of Business
**6915 WESTCHESTER CIR.
BRADENTON, FL 34202-2583**

Mailing Address
**6915 WESTCHESTER CIR.
BRADENTON, FL 34202-2583**



03062008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3834973

Applied For
Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BROWN, DARYL J
6915 WESTCHESTER CIR
BRADENTON, FL 34202**

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1100000095/AVE1

03/26/08-80099-007 143.75

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
INTERSTATE BUSINESS CENTERS, INC.
6915 WESTCHESTER CIR.
BRADENTON, FL 342022583**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
BROWN, DARYL J
6915 WESTCHESTER CIR.
BRADENTON, FL 342022583**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
BURNS, GUY M TRUSTEE
403 E. MADISON STREET, STE. 400
TAMPA, FL 33602**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/6/08

Date

Daytime Phone #

941-388-9450

DARYL J. BROWN, PRES.