

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000021439

FILED  
Apr 21, 2009  
Secretary of State

**Entity Name:** SERVANT INVESTMENTS SELF STORAGE, LLC

**Current Principal Place of Business:**

1000 LEGION PLACE  
SUITE 1650  
ORLANDO, FL 32801

**New Principal Place of Business:**

**Current Mailing Address:**

1000 LEGION PLACE  
SUITE 1650  
ORLANDO, FL 32801

**New Mailing Address:**

**FEI Number:** 20-4445179      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GRAY, N. DWAYNE JR ESQ  
GREENSPOON MARDER, P.A.  
201 EAST PINE STREET, SUITE 500  
ORLANDO, FL 32801 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: MGR ( ) Delete  
Name: SERVANT INVESTMENTS, LLC  
Address: 1000 LEGION PLACE, SUITE 1650  
City-St-Zip: ORLANDO, FL 32801

Title: MGR ( ) Delete  
Name: HIRSCHY DEVELOPMENT GROUP, LLC  
Address: 1260 COUNTRY CLUB OAKS CR  
City-St-Zip: ORLANDO, FL 32804

**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: MARTIN E. STEINBERGER      MGR      04/21/2009

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