2007 LIMITED LIABILITY COMPANY

ANNUAL REPORT

Secretary of State DOCUMENT # L06000027358 02-12-2007 90308 047 ****50.00 FLORIDA DISCOUNT SELF STORAGE NO. 4, 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 - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02022007 Chg-LLC CR2E083 (12/06) Applied For City & State City & State 4. FEI Number 20-4505362 Not Applicable Zip Country \$5.00 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name F&L CORP Street Address (P.O. Box Number is Not Acceptable) ONE INDEPENDENT DRIVE, SUITE 1300 JACKSONVILLE, FL 32202-5017 City Zip Code FI 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 DATE (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. TITLE MGRA TITLE ☐ Delete ☐ Change Addition Bailes, Cynthia 6424 Pinkcastle Blyd SteA NAME NAME STREET ADDRESS STREET ADDRESS ORIVALO, FI. 32809 CITY-ST-ZIP CITY-ST-ZIP MGRM Bailes, Jess D. Blud SteA 6424 Pinecastle Blud SteA Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS Oclando, 1=1. 32809 CITY-ST-7IP CITY-ST-ZIP MGRM Charles III Bul Ste A WAZY Pinecastle Blut Ste A Addition ☐ Detete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS ORlands, Fl. 32109 CITY-ST-ZIP CITY-ST-ZIP mbR ☐ Change Addition ☐ Delete TITLE TITLE Bailes Charles JR 6424 Pinecaste Blud SteA NAME NAME STREET ADDRESS STREET ADDRESS Oclando, Fl. 32809 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ■ Addition TITLE □ Defete NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

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

FILED Feb 12, 2007 8:00 am