2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT** DOCUMENT #1 06000007008 THE REAL PROPERTY.

FILED Jul 12, 2007 8:00 am Secretary of State

1. Entity Name SELF STORAGE INTERNATIONAL LLC					07-12-2007 90009 023 ****50.00				
Principal Place		Mailing Address	Mailing Address						
12133 CYPRI CLERMONT, F	ESS LANDING AVENUE FL 34711 US	12133 CYPRESS LANDING AVENUE CLERMONT, FL 34711 US							
2. Principal Pl	lace of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			07092007	Chg-LLC	CR2E08	3 (12/06)	
City & State		City & State		4. FEI Numbe	-211232	12323 Applied For Not Applicable			
Zip	Country Zip C		Coun	Country		of Status Desired	\$5.00 Additional Fee Required		
	6. Name and Address of Current I	Registered Agent		Name	7. Name and	Address of New R	egistered A	gent	
	PRESS LANDING AVENUE				(P.O. Box Number is Not Acceptable)				
CLERMONT, FL 34711									
) ä.				City			FL	Zip Cod	e
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) DATE									
Filing Fee is \$50.00 Due by September 14, 2007							e check pa Departme		9
9.	MANAGING MEMBE	RS/MANAGERS	10.		1	ADDITIONS/	CHANGES		
TITLE NAME	MGRM COOKE, LESLIE G	☐ Delete	TITLE NAM	l				☐ Change	Addition
STREET ADORESS CITY-ST-ZIP	12133 CYPRESS LANDING AVENUE ST			ET ADORESS -ST-ZIP					
TITLE	MGRM BARFIELD, HAZEL	☐ Delete	111LE NAM					☐ Change	☐ Addition
Name Street address City-St-Zip	12133 CYPRESS LANDING AVENUE STR			ET ADORESS -ST-ZIP					
IIITE		☐ Delete	TITLE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP				E LET ADDRESS -ST-ZIP					
TITLE		☐ Delete	TITL	I				☐ Change	☐ Addition
NAME STREET ADDRESS				ET ADDRESS					l
CITY-ST-ZIP		☐ Delete	CITY	-ST-ZIP				☐ Change	☐ Addition
NAME		ା ପଥାୟଟ	NAM	E				onenge	
STREET ADORESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP					į
TITLE		☐ Delete	INI	1				☐ Change	Addition
NAME STREET ADDRESS			NAM STRE	E Et address					
CITY-ST-ZIP				-ST-ZIP					
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: H. BARFIELD C.7-07-07 352 243 O/80									
SIGNAT	URE: AMSTE	H.BARFIE	ער).			4-01-07	352	~43 C	2 IC