


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

|  |   |
|--|---|
| <b>DOCUMENT # L06000102046</b><br>1. Entity Name<br>CROSSTOWN STOR-N-MORE SELF STORAGE, L.L.C. |  |
|--|---|

|   |   |
|---|---|
| Principal Place of Business<br>6915 WESTCHESTER CIRCLE<br>BRADENTON, FL 34202 | Mailing Address<br>6915 WESTCHESTER CIRCLE<br>BRADENTON, FL 34202 |
|---|---|

**DO NOT WRITE IN THIS SPACE**



03062008 No Chg-LLC

CR2E083 (12/07)

|                                  |  |
|----------------------------------|--|
| 4. FEI Number<br>20-5853721      | Applied For<br>Not Applicable                                      |
| 5. Certificate of Status Desired | <input checked="" type="checkbox"/> \$5.00 Additional Fee Required |

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|--|
| 6. Name and Address of Current Registered Agent<br><br>BROWN, DARYL J<br>6915 WESTCHESTER CIR<br>BRADENTON, FL 34202 |
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

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

000000854138  
03/26/08-80099-003 143.75

| 9. MANAGING MEMBERS/MANAGERS                   |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>INTERSTATE BUSINESS CENTERS, INC.<br>6915 WESTCHESTER CIRCLE<br>BRADENTON, FL 34202 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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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: Daryl J. Brown, Pres. 3/6/08 941-388-9450  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

DARYL J. BROWN, PRES.