


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90117 044 ***138.75

DOCUMENT # L07000063664 1. Entity Name ZEPHYR MINI STORAGE, LLC	
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60023731



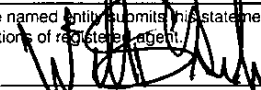
04092008 Chg-LLC CR2E083 (12/06)

Principal Place of Business 2910 WEST BAY TO BAY BLVD. SUITE 200 TAMPA, FL 33629	Mailing Address 2910 WEST BAY TO BAY BLVD. SUITE 200 TAMPA, FL 33629
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2. Principal Place of Business - No P.O. Box # 37148 SR 54 West Suite, Apt. #, etc.	3. Mailing Address 37148 SR 54 West Suite, Apt. #, etc.
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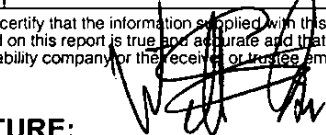
City & State Zephyrhills FL	City & State Zephyrhills FL	4. FEI Number 26-0380991	Applied For <input type="checkbox"/> Not Applicable
Zip 33542	Country USA	Zip 33542	Country USA

6. Name and Address of Current Registered Agent GIBSON, WILLIAM L 2910 WEST BAY TO BAY BLVD. SUITE 200 TAMPA, FL 33629		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 37148 SR 54 West City Zephyrhills FL Zip Code 33542	
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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  <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE 4/10/08

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GIBSON, WILLIAM L 2910 WEST BAY TO BAY BLVD. TAMPA, FL 33629 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 37148 SR 54 West Zephyrhills FL 33542
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOHACEK, ERIN 2910 WEST BAY TO BAY BLVD. TAMPA, FL 33629 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KENNEDY, JOSEPH A 2910 WEST BAY TO BAY BLVD. TAMPA, FL 33629 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Barbara Gibson 37148 SR 54 West Zephyrhills FL 33542 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	DATE 4/10/08 DAYTIME PHONE # 813-554-1200