

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000081783

FILED
Apr 28, 2008
Secretary of State

Entity Name: CELEBRATION SELF STORAGE, LLC

Current Principal Place of Business:

950 CELEBRATION BOULEVARD, SUITE F
CELEBRATION, FL 34747

New Principal Place of Business:

Current Mailing Address:

950 CELEBRATION BOULEVARD, SUITE F
CELEBRATION, FL 34747

New Mailing Address:

FEI Number: 26-0690438

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ISSA HOMES, INC.
950 CELEBRATION BOULEVARD, SUITE F
CELEBRATION, FL 34747 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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: ISSA, FRANCIS J
Address: 950 CELEBRATION BOULEVARD, SUITE F
City-St-Zip: CELEBRATION, FL 34747

Title: MGR () Change (X) Addition
Name: HEMPEL, DONALD
Address: 950 CELEBRATION BOULEVARD, SUITE F
City-St-Zip: CELEBRATION, FL 34747

Title: MGR () Change (X) Addition
Name: MARCHELL, JEFFREY
Address: 950 CELEBRATION BOULEVARD SUITE F
City-St-Zip: CELEBRATION, FL 34747

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: JEFFREY MARCHELL

MGR

04/28/2008

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