

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000027592

FILED
Feb 04, 2009
Secretary of State

Entity Name: NORTHEAST SELF STORAGE DEVELOPMENT, LLC

Current Principal Place of Business:

1610 SOUTH 8TH STREET
FERNANDINA BEACH, FL 32034 US

New Principal Place of Business:

Current Mailing Address:

1610 SOUTH 8TH STREET
FERNANDINA BEACH, FL 32034 US

New Mailing Address:

FEI Number: 26-2212177

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, DAVID F JR.
1610 SOUTH 8TH STREET
FERNANDINA BEACH, FL 32034 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: MGRM () Delete
Name: AMELIA SERVICE CENTE, R, INC.
Address: 1610 S 8TH STREET
City-St-Zip: FERNANDINA BEACH, FL 32034 US

Title: MGRM () Delete
Name: D.F.MILLER INVESTMEN, TS, INC
Address: 1610 S 8TH STREET
City-St-Zip: FERNANDINA BEACH, FL 32034 US

Title: MGRM () Delete
Name: C.V. MILLER INVESTME, NTS, INC.
Address: 1610 S 8TH STREET
City-St-Zip: FERNANDINA BEACH, FL 32034 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DAVID F MILLER JR

MGRM

02/04/2009

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