File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Sandra B, Mortham ANNUAL REPORT Secretary of State 1998 **DIVISION OF CORPORATIONS** 98 APR 13 PH 3: 22 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Malling Address of Limited Liability Company **DOCUMENT #** L95000000738 1a. Principal Place of Business Address A-1 RAPID STORAGE, L.C. 4004 S. 50TH STREET 4004 S. 50TH STREET TAMPA FL 33619 TAMPA FL 33619 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 09/18/1995 4. FEI Number Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable 59-3339710 5. Date of Last Report 6. Certificate of Status Desired Country Country 58 75 Additional Fee Required 03/03/1997

8. Name and Address of New Registered Agent/Office 7. Name and Address of Current Registered Agent ZIGULICH, JOSEPH D JR. 4004 S. 50TH STREET Street Address (P.O. Box Number Is Not Acceptable) TAMPA FL 33619 100002490721 Suite, Apt. #, etc. -04/16/98--01066--006 \*\*\*\*188.75 \*\*\*\*188.75 City 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing Its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE\_ (Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MOR BASEMAN, STEPHEN J 866 HUDSON AVE SARASOTA FL MGRH MCR SDD AVENUE WEST - GUIT DOLD HAND FI MGR ZIGULICH, JOSEPH D JR. 4004 S. 50TH STREET TAMPA FL MG RAU

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

THE WAY OF STANDING NOTIFIED OF MANAGER

4/7/98

813-623-1419

Davime Phon