File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Katherine Harris ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 931777 - 1, PM 1: 19 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT # 196000000755** 1a. Principal Place of Business Address SOCRUM SELF STORAGE, L.C. 2331 D.R. BRYANT ROAD 9010 HWY 98 NORTH LAKELAND FL 33809 LAKELAND FL 33809 3. Date Organized or Qualified 3a. State of Formation 2 Principal Place of Business 2a. Mailing Address 07/17/1996 FLSuite Apt #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3385821 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired \$8.75 Additional Fee Required 03/02/1998 7. Name and Address of Current Registered Agent B. Name and Address of New Registered Agent/Office O'STEEN, DARRELL 2331 D.R. BRYANT ROAD Street Address (P.O. Box Number is Not Acceptable) LAKELAND FI. 33809 Suite, Apt. #, etc. Zip Code 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. DATE (Biogestered Agent Accepting Appendiment). (NER): Biogestered Agent signature respired when two dating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGR CONNELL, PHILLIP C 320 NORTH COLLEGE STREET LAKELAND GA 2331 D.R. BRYANT ROAD MGR O'STEEN, DARRYL LAKELAND FL の他ののできる。 -03/09/99--01029--010 ****188.75 ****188.75 11 Ido 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 eath, 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 Statules, and that my name appears in Block 10, or on an attachment with an address.