2006 LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT #1 98000001193 A THE COL

FILED Jan 30, 2006 8:00 am Secretary of State

1. Entity Name SELF STORAGE SECURITY SOLUTIONS, LC					01-30-2006 90149 036 ****50.00				
Principal Place of Business Mailing Address			<u>_</u>						
12375 W SAMPLE RD POMPANO BEACH, FL 33065		23423 SERENE MEADOW DR. S. Boca Raton, FL 33428							
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01232006	Chg-LLC	CR2E083 (11	/05)		
City & State		City & State			4. FEI Number 65-0855		Applied For Not Applicable		
Zip	Country Zip Cou		Country	y	5. Certificate o	f Status Desired	□ \$5.00 Fee Re	Addition quired	ıal
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name					
SCHULMAN, NORMAN				Name					
23423 SEF	RENE MEADOW DR. S. TON, FL 33428	Street Address			(P.O. Box Number is Not Acceptable)				
			-	City FL Zip Code					
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									
Filing Fee is \$50.00 - Due by May 1, 2006							e check payable Department of		
9.	MANAGING MEMBE		10.			ADDITIONS/			
TITLE Name	MGRM SCHULMAN, NORMAN	Delete	TITLE	ļ			☐ Ch	inge [Addition
STREET ADURESS			1	ADDRESS					
CITY-ST-ZIP	BOCA RATON, FL 33428		CITY-S	T-ZIP					
TITLE	MGRM	☐ Delete	TIFLE				☐ Cha	inge 🗀	Addition
NAME STREET ADDRESS	HATTON, KEVIN 6065 NW 75TH CT		NAME	ADDRESS					1
CITY-ST-ZIP	PARKLAND, FL 3306		CITY-S						
TITLE		☐ Delete	TITLE				☐ Cha	inge [Addition
NAME			NAME						1
STREET ADDRESS CITY-ST-ZIP	•		STREET CITY-S	ADDRESS T-ZIP					
TITLE		☐ Delete	DILE				☐ Cha	anne T	Addition
NAME			NAME					Pa	77.20.1.0.7
STREET ADDRESS CITY-ST-ZIP			STREET CITY-S	ADDRESS 1-21P					
TITLE		☐ Delete	TITLE			_	☐ Cha	inge 🗀	Addition
name Street address			NAME STREET	ADDRESS					
CITY-ST-ZIP			CITY-S						ŀ
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name Street address		Λ	NAME	ADDRESS					
CITY-ST-ZIP	/	//	CITY-S	I					
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 entropyered to execute this report as required by Chapter 608, Florida Statutes.									
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SIGNAT	URE:	1	CANIA[UNIN	<u>'' 1'</u>		• • • •	
	SIGNATURE AND TYPED OF PRINTED NAME O	P SKINING MANAGING MEMBER, MANA	AGER, OR A	UTHORIZED REPRESEI	NTATIVE	Date	Daytima Ph	one #	ì