

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000001410

FILED  
Jan 17, 2007  
Secretary of State

**Entity Name:** WESLEY CHAPEL SELF STORAGE, L.C.

**Current Principal Place of Business:**

26504 STATE RD 54  
LUTZ, FL 33559

**New Principal Place of Business:**

26504 WESLEY CHAPEL BLVD.  
LUTZ, FL 33559

**Current Mailing Address:**

3225 S MACDILL AVE  
SUITE 135  
TAMPA, FL 33629

**New Mailing Address:**

**FEI Number:** 59-3530997

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

REIBER, SAM  
3821 HENDERSON BLVD  
TAMPA, FL 33629 US

**Name and Address of New Registered Agent:**

MYERS, CLIFFORD G  
3225 S. MACDILL AVENUE  
SUITE 135  
TAMPA, FL 33629 US

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: CLIFFORD G. MYERS

01/17/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: P ( ) Delete  
Name: MYERS, CLIFF  
Address: 3225 S MACDILL AVE SUITE 135  
City-St-Zip: TAMPA, FL 33629

Title: VP ( ) Delete  
Name: MYERS, SHANNON  
Address: 3225 S MACDILL AVE SUITE 135  
City-St-Zip: TAMPA, FL 33629

**ADDITIONS/CHANGES:**

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 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: SHANNON M. MYERS

VP

01/17/2007

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