


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 02 APR -9 PM 5:00 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company DOCUMENT # L98000002675 SOUTH VENICE STORAGE, L.L.C. 1682 E. GUDE DRIVE, SUITE 201 ROCKVILLE MD 20850		1a. Principal Place of Business Address 1682 E. GUDE DRIVE, SUITE 20 ROCKVILLE MD 20850			
2 Principal Place of Business 20 Circlewood Drive Suite, Apt. #, etc. City & State Venice, Florida Zip 34293		2a. Mailing Address 1682 E. Gude Drive Suite, Apt. #, etc. Suite 201 City & State Rockville, Maryland Zip 20850		3. Date Organized or Qualified 11/06/1998 3a. State of Formation FL <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
4. FEI Number 52-2129647		5. Date of Last Report		6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent LOVETT, JOHN C ESQ. 106 EAST COLLEGE AVENUE, SUITE 1200 TALLAHASSEE FL 32301			8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code FL		
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 _____		
<small>(If Jointly Appointed Agent, (If Jointly Appointed Agent, (If Jointly Appointed Agent, (If Jointly Appointed Agent, (If Jointly Appointed Agent, (If Jointly Appointed Agent)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	SELF STORAGE, LLC	1682 E. GUDE DRIVE, SUITE		ROCKVILLE MD	

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: *James L. Pugh* 4/6/99 301-738-3398