

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 28, 2008 08:00 A
Secretary of State

DOCUMENT # L98000002675



1. Entity Name
 SOUTH VENICE STORAGE, L.L.C.

Principal Place of Business
 20 CIRCLEWOOD DRIVE
 VENICE, FL 34293

Mailing Address
 1682 E. GUDE DRIVE, SUITE 201
 ROCKVILLE, MD 20850



01092008No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-2129647	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

LOVETT, JOHN C ESQ.
 106 EAST COLLEGE AVENUE, SUITE 1200
 TALLAHASSEE, FL 32301

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000800607
 01/31/08-80024-005 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SELF STORAGE, LLC 1682 E. GUDE DRIVE, SUITE 201 ROCKVILLE, MD 20850
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MORAN, RICHARD P JR 1682 E. GUDE DRIVE, SUITE 201 ROCKVILLE, MD 20850
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NUGENT, JAMES R JR 1682 E. GUDE DRIVE, SUITE 201 ROCKVILLE, MD 20850
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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 empowered to execute this report as required by Chapter 608, Florida Statutes

SIGNATURE: Richard P. Moran, Jr. 1/23/08 301-762-1030
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #