

21 and File on or before Sept. 29, 1999 or Limited Liability Company
FINAL 3E: will be dissolved.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee
\$ 588.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company **DOCUMENT #** L98000003079

PREMIER STORAGE, LLC
1600 EAST FLORIDA AVENUE, SUITE 208
HEMET CA 92544

2. Principal Place of Business 3855 W. King St. Suite, Apt. #, etc. City & State* Cocoa, FL Zip 32926	2a. Mailing Address 4995 Murphy Canyon Rd. Suite, Apt. #, etc. 300 City & State San Diego, CA Zip 92123 Country
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1a. Principal Place of Business Address
1600 EAST FLORIDA AVENUE, SU
HEMET CA 92544

4995 Murphy Canyon Rd. Suite 300
San Diego, CA 92123

3. Date Organized or Qualified 12/08/1998	3a. State of Formation FL
4. FEI Number 59-3542379	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report	6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent
SCHACK, EDWARD J
7695 SW 104 STREET, SUITE 210
PINECREST FL 33156

8. Name and Address of New Registered Agent/Office
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
City
800002346748--3
-03/02/99--01006--017
FL ***588.75 ***588.75

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 _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	MILLARD, RUSSELL	1600 EAST FLORIDA AVENUE,	HEMET CA
<div>RECEIVED JUL 20 1999 BY: A/P</div>		GL# 7350.00 \$ 588.75	
		GL# _____ \$ _____	
		GL# _____ \$ _____	
		GL# _____ \$ _____	
		TOTAL \$ 588.75	
		APPROVED _____	
		DATE _____	

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: Russell W. Millard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #