

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000002717

FILED
Aug 04, 2005
Secretary of State

Entity Name: OLDSMAR SELF-STORAGE, L.L.C.

Current Principal Place of Business:

13850 W HILLSBOROUGH DR
TAMPA, FL 33635

New Principal Place of Business:

13850 W HILLSBOROUGH AVE
TAMPA, FL 33635

Current Mailing Address:

3825 HENDERSON BLVD
STE 208
TAMPA, FL 33629

New Mailing Address:

3225 S MACDILL AVE
STE 135
TAMPA, FL 33629

FEI Number: 59-3582014 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

REIBER, SAM I ESQ.
601 EAST TWIGGS STREET, SUITE 200
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

REIBER, SAM I ESQ.
3821 HENDERSON BLVD
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: SAM I REIBER

08/04/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PALMA CEIA STORAGE,, INC.
Address: 601 EAST TWIGGS STREET, SUITE 300
City-St-Zip: TAMPA, FL 33602

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: PALMA CEIA STORAGE,, INC.
Address: 3225 S MACDILL AVE STE 135
City-St-Zip: TAMPA, FL 33629

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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

08/04/2005

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