


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 14, 2004 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # L99000004053</b><br>1. Entity Name<br>UNITED SELF-STORAGE OF BLOOMINGDALE, L.L.C. |  |
|---|---|

|   |   |
|---|---|
| Principal Place of Business<br>505 E. JACKSON ST., SUITE 200<br>TAMPA, FL 33602 | Mailing Address<br>505 E. JACKSON ST., SUITE 200<br>TAMPA, FL 33602 |
|---|---|

**DO NOT WRITE IN THIS SPACE**



01082004 No Chg-LLC

CR2E083 (10/03)

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>59-3571906 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|   |  |
|---|--|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional<br>Fee Required |
|---|--|

|   |
|---|
| 6. Name and Address of Current Registered Agent<br><br>ROBERTS, RICHARD A<br>505 E. JACKSON ST., SUITE 200<br>TAMPA, FL 33602 |
|---|

**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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small> | (NOTE: Registered Agent signature required when reinstating) | DATE _____ |
|---|--|------------|

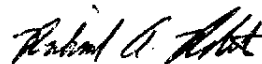
**Filing Fee is \$50.00  
Due by May 1, 2004**

1000000051362  
02/15/04-80048-025 50.00

| 9. MANAGING MEMBERS/MANAGERS                   |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>ROBERTS, RICHARD A<br>505 E. JACKSON ST., SUITE 200<br>TAMPA, FL 33602 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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IN THIS SPACE**

11. I 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 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.

|   |        |                      |
|---|--------|----------------------|
| <b>SIGNATURE:</b>  | 1-8-04 | 813-225-1040         |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE          |        | Date Daytime Phone # |