FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Jan 23, 2002 8:00 am Secretary of State DOCUMENT # L9900004415 1. Entity Name 01-23-2002 90053 046 ****50.00 ARCHER MINI STORAGE, L.L.C. Mailing Address Principal Place of Business 402 WEST HIGHWAY 24 P.O. BOX 89 ARCHER FL 32618 ARCHER FL 32618 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3591430 Not Applicable Zip -\$5.00 Additional Country Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SMITH, RAY D Street Address (P.O. Box Number is Not Acceptable) 402 WEST HIGHWAY 24 ARCHER FL 32618 Zip Code City FL 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. (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. ☐ Change ☐ Addition MGR ☐ Delete TITLE TITLE NAME NAME SMITH, RAY D STREET ADDRESS STREET ADDRESS 402 WEST HIGHWAY 24 CITY-ST-ZIP CITY-ST-ZIP ARCHER FL 32618 ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP [] Change Addition TITLE TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

EMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE