

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000005352

Entity Name: NPV SELF STORAGE, LLC

FILED
Apr 20, 2009
Secretary of State

Current Principal Place of Business:

1733 WEST FLETCHER AVENUE
TAMPA, FL 33612

New Principal Place of Business:

Current Mailing Address:

1733 WEST FLETCHER AVENUE
TAMPA, FL 33612

New Mailing Address:

FEI Number: 59-3597783

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

WALTERS, CLIFFORD L
802 11TH STREET WEST
BRADENTON, FL 34205 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: CLIFFORD L. WALTERS PRESIDENT

04/20/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CHANEY, MARVIN
Address: 1850 SOUTH MIAMI ROAD
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: MGRM () Delete
Name: RICE, SUZANNE
Address: 1733 WEST FLETCHER AVENUE
City-St-Zip: TAMPA, FL 33612

Title: MGRM () Delete
Name: LEEDS, MICHAEL
Address: 1733 WEST FLETCHER AVENUE
City-St-Zip: TAMPA, FL 33612

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: SUZANNE L. RICE

MGRM

04/20/2009

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