

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000007314

1. Entity Name
MIRAMAR SELF STORAGE I, LLC

Principal Place of Business
2951 FLOWERS ROAD SOUTH, SUITE 220
ATLANTA GA 30341

Mailing Address
2951 FLOWERS ROAD SOUTH, SUITE 220
ATLANTA GA 30341

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3636236

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGRM
NAME LOVE, ROBERT T
STREET ADDRESS 2951 FLOWERS RD SO. SUITE 220
CITY-ST-ZIP ATLANTA GA 30341 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE MBR
NAME ATLANTIC INVESTOR GROUP
STREET ADDRESS 100 ATLANTA TECHNOLOGY CENTER
CITY-ST-ZIP ATLANTA GA 30318 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE MBR
NAME BROWN, BARDEN
STREET ADDRESS 419 CROSSVILLE RD STE 103
CITY-ST-ZIP ROSWELL GA 30075 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
600004220756
-05/16/01--01116--002
****100.00 ****50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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.

SIGNATURE:

Robert T. Love

4/27/01 770-957-4395

0024265 AF

CR2E083 (11/00)

FILED
01 MAY 29 PM 3:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

