


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 14, 2008 8:00 am**  
**Secretary of State**

02-14-2008 90074 001 \*\*\*138.75

<b>DOCUMENT # L99000008486</b> 1. Entity Name <b>FIRST CHOICE STORAGE, L.C.</b>					
Principal Place of Business <b>3836 TOLLGATE BLVD. NAPLES, FL 34117</b>			Mailing Address <b>3836 TOLLGATE BLVD. NAPLES, FL 34117</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>2400 TAMiami Trl N</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>201</b>			
City & State		City & State <b>NAPLES, FL</b>		4. FEI Number <b>59-3608056</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Zip <b>34103</b>		Country <b>US</b>		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>CONROY, J. THOMAS III 3838 TAMiami TRAIL NORTH, SUITE 402 NAPLES, FL 34103</b>			7. Name and Address of New Registered Agent Name <b>Davidson and Nick CPAs</b> Street Address (P.O. Box Number is Not Acceptable) <b>2400 Tamiami Trail North</b> <b>Suite 201</b> City <b>Naples</b> <b>FL</b> Zip Code <b>34103</b>		
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 <b>Davidson &amp; Nick CPAs</b> <b>Davidson &amp; Nick CPAs</b> <b>2/1/08</b> <small>Signature of Registered Agent (if not the same as the entity's signature, the signature of the registered agent is required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			Make check payable to <b>Florida Department of State</b>		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GOLDBERG, GERALD I 375 3RD. AVE SOUTH NAPLES, FL 34102	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WEIL, LUIS 5995 SHIER RINGS ROAD DUBLIN, OH 430161237	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WEIL, LUIS 5995 SHIER RINGS RD DUBLIN, OH 430161237	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <b>Luis Weil</b>			<b>2/12/08 239 3545355</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		

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