

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90023 023 ****50.00

DOCUMENT # M01000000750

1. Entity Name
ACQUIPORT/AMSDOLL IV, LLC



Principal Place of Business
6745 ENGLE RD., STE. 300
MIDDLEBURG HEIGHTS, OH 44130

Mailing Address
6745 ENGLE RD., STE. 300
MIDDLEBURG HEIGHTS, OH 44130

20022478



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01052006 Chg-LLC CR2E083 (11/05)

4. FEI Number
34-1951519

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM
U-STORE-IT, LP, ACQUIPORT/AMSDOLL I LTD ☒ Delete
STREET ADDRESS 6745 ENGLE ROAD STE 300
CITY-ST-ZIP CLEVELAND, OH 44130

TITLE NAME Manager
U-Store-It, L.P. ☒ Change ☐ Addition
STREET ADDRESS 6745 Engle Road, Suite 300
CITY-ST-ZIP Cleveland, OH 44130

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
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TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/14/06

Date

440-234-0700

Daytime Phone #



ATTACHMENT
20022478

6745 Engle Road · Suite 300
Cleveland, OH 44130

March 17, 2006

VIA CERTIFIED MAIL

Division of Corporations
P.O. Box 6198
Tallahassee, Florida 32314

RE: Document # M01000000750
Acquiport/Amsdell IV, LLC

To Whom It May Concern:

Enclosed for processing is the 2006 Limited Liability Company Annual Report for the above referenced entity together with a check in the amount of \$50.00 to cover the fee

Please forward any evidence of acceptance of this filing to the attention of the undersigned.

If you have any questions, please call me.

Sincerely,

Amy M. Duchnowski
Administrative Coordinator

Enclosure
Florida AAIV 3-17-06