

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 25, 2007 08:00 AM
Secretary of State

DOCUMENT # M01000000750 1. Entity Name ACQUIPORT/AMSDCELL IV, LLC	
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Principal Place of Business 6745 ENGLE RD., STE. 300 MIDDLEBURG HEIGHTS, OH 44130	Mailing Address 6745 ENGLE RD., STE. 300 MIDDLEBURG HEIGHTS, OH 44130
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DO NOT WRITE IN THIS SPACE

02202007 No 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

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

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

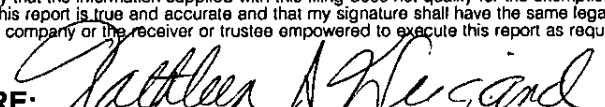
U000000729273
05/08/07-80032-019 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM U-STORE-IT, L.P. 6745 ENGLE ROAD STE 300 CLEVELAND, OH 44130
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IN THIS SPACE**

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:  **419107** **440-234-0700**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

KATHLEEN A. WEIGAND, VICE PRESIDENT & SECRETARY