2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 25, 2005 08:00 AM Secretary of State

DOCUMENT # M02000001 1. Entity Name CAPITAL SECURITY STORAGE, LLC	±	
Principal Place of Business 1430 TENNESEE CAPITAL BLVD TALLAHASSEE, FL 32303	Mailing Address 6100 NEIL ROAD SUITE 500 RENO, NV 89511	,

94300

02022005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 46-0486294 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WEBB, RICHARD SIVESQ DO NOT WRITE 2033 MAIN STREET SUITE 600 SARASOTA, FL 34237 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 Signature, typed of 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, 2005 MANAGING MEMBERS/MANAGERS MGR WILLIAMS, DALE A U00000327320 04/25/05-80033-007 50.00 STREET ADDRESS 9198 GREENBACK LANE SUITE 115 ORANGEVALE, CA 95662 MGR BRENNING, LORI STREET ADDRESS 9198 GREENBACK LANE SUITE 115 ORANGEVALE, CA 95662 STREET ADDRESS DO NOT WRITE IN THIS SPACE

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

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 1 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 flability company of the receiver or trustee empowered to execute this report as required by Chapter 608. Florida Statutes

SIGNATURE:

9.

HTEF

NAME

TITLE

NAME

TITLE NAME

CITY-ST-ZIP

CITY-ST ZIP

CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER R AUTHORIZED REPRESENTATIVE

4.18.05