


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2006 08:00 AM
Secretary of State

DOCUMENT # M02000002971


1. Entity Name
DEVON SELF STORAGE HOLDINGS (US) LLC



Principal Place of Business Mailing Address

2000 POWELL STREET, SUITE 1240 2000 POWELL STREET, SUITE 1240
 EMERYVILLE, CA 94608 EMERYVILLE, CA 94608

DO NOT WRITE IN THIS SPACE



04052006 No Chg-LLC CR2E083 (11/05)

4. FET Number 01-0640590	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525

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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, 2006

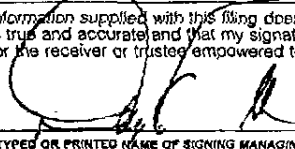
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NITZBERG, KENNETH E 2000 POWELL STREET, SUITE 1240 EMERYVILLE, CA 94608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GALLACHER, KELLY 6740 RANCHO LOS PAVOS GRANITE BAY, CA 95746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HUMPHREY, JEFF 2000 POWELL STREET, SUITE 1240 EMERYVILLE, CA 94608
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U00000502664
 04/25/06-80112-018 50.00

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:  **4 3.06** **5104501300**

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