

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000002971

FILED
Mar 27, 2009
Secretary of State

Entity Name: DEVON SELF STORAGE HOLDINGS (US) LLC

Current Principal Place of Business:

2000 POWELL STREET, SUITE 1240
EMERYVILLE, CA 94608

New Principal Place of Business:

Current Mailing Address:

2000 POWELL STREET, SUITE 1240
EMERYVILLE, CA 94608

New Mailing Address:

FEI Number: 01-0640590 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: NITZBERG, KENNETH E
Address: 2000 POWELL STREET, SUITE 1240
City-St-Zip: EMERYVILLE, CA 94608

Title: MGR () Delete
Name: GALLACHER, KELLY
Address: 6740 RANCHO LOS PAVOS
City-St-Zip: GRANITE BAY, CA 95746

Title: MGR () Delete
Name: HUMPHREY, JEFF
Address: 2000 POWELL STREET, SUITE 1240
City-St-Zip: EMERYVILLE, CA 94608

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DAYLE MARIER

MS

03/27/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date