

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91434 028 \*\*\*\*50.00

DOCUMENT # M02000003236

1. Entity Name

KEYSTONE SELF-STORAGE MANAGEMENT, LLC



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

10715 Sikes Place

3. Mailing Address

10715 Sikes Place

Suite, Apt. #, etc.

Suite 120

Suite, Apt. #, etc.

Suite 120

City & State

Charlotte, N.C.

City & State

Charlotte, N.C.

Zip

28277

Country

USA

Zip

28277

Country

USA

4. FEI Number

753056525

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Richard G. Kerper

Street Address (P.O. Box Number is Not Acceptable)

2430 Estancia Blvd.

Suite 101B

City

Clearwater

FL

Zip Code

33761

**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

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

DATE

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

Manager  
Edward J.P. Brigham  
10715 Sikes Place, Suite 120  
Charlotte, NC 28277

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

Manager  
Richard G. Kerper  
2430 Estancia Blvd, Suite 101B  
Clearwater, FL 33761

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

Manager  
Mark E. Stelnik  
2615 S. University Dr.  
Davie, FL 33328

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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CITY-STATE-ZIP

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IN THIS SPACE**

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. 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: *Edward J.P. Brigham*

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

Manager Edward J.P. Brigham

3/13/03

Date

Daytime Phone #

704-844-8122

CR2E083B (12/02)