

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 15, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # M03000000030**

1. Entity Name  
**CAPITOL SELF STORAGE, LLC**



Principal Place of Business  
**201 N. ILLINOIS ST., STE. 2300  
INDIANAPOLIS, IN 46204**

Mailing Address  
**201 N. ILLINOIS ST., STE. 2300  
INDIANAPOLIS, IN 46204**



02262004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**27-0039826**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
Due by May 1, 2004**

U000000114299  
04/15/04-80044-012 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
BROADBENT, GEORGE P  
201 N. ILLINOIS ST., STE. 2300  
INDIANAPOLIS, IN 46204**

TITLE  
NAME  
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CITY - ST - 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.

*Capitol Self Storage Inc., Member*

*by Joyce A. Bradley*

*3/5/04*

*(317)  
237-2900*

*4/15/04*  
**SIGNATURE: *Joyce A. Bradley***  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*Asst. Sec.*

Date

Daytime Phone #

*Kevin E. Palmer, CPA*

*2/28/04*