


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M03000003981</b> 1. Entity Name <b>LAKE OSBORNE SELF STORAGE, LLC</b>	
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Principal Place of Business <b>% WOODBURN AND WEDGE 6100 NEIL ROAD, SUITE 500 RENO, NV 89511-1149</b>	Mailing Address <b>% WOODBURN AND WEDGE 6100 NEIL ROAD, SUITE 500 RENO, NV 89511-1149</b>
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04122007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-0383659</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>WEBB, RICHARD S IV ESQ 2033 MAIN STREET SUITE 600 SARASOTA, FL 34237</b>
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**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 (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILLIAMS, DALE A % WOODBURN AND WEDGE, 6100 NEIL ROAD #500 RENO, NV 895111149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRENNING, LORI % WOODBURN AND WEDGE, 6100 NEIL ROAD #500 RENO, NV 895111149
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05/01/07-80016-009 50.00

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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:** *Lori Brenning* **4-16-07** **916-989-2800**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #