


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 10, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # M04000002805 1. Entity Name EXTRA SPACE PROPERTIES FIFTEEN LLC	
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Principal Place of Business 2795 EAST COTTONWOOD PARKWAY #400 SALT LAKE CITY, UT 84121	Mailing Address 2795 EAST COTTONWOOD PARKWAY #400 SALT LAKE CITY, UT 84121
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**DO NOT WRITE IN THIS SPACE**



01052005No Chg-LLC CR2E083 (10/03)

4. FEI Number 20-1357875	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

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, 2005**

U00000175613  
01/10/05-80058-009 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHRISTENSEN, KENT W 2795 EAST COTTONWOOD PARKWAY #400 SALT LAKE CITY, UT 84121
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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)(f), 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: Kent W. Christensen KENT W. CHRISTENSEN  
MANAGER 1-5-05 801-562-5554  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #