


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2008 8:00 am
Secretary of State


04-22-2008 90096 047 ***138.75

DOCUMENT # M04000004454	
1. Entity Name YSI LLC	

Principal Place of Business 6745 ENGLE ROAD, SUITE 300 CLEVELAND, OH 44130	Mailing Address 6745 ENGLE ROAD, SUITE 300 CLEVELAND, OH 44130
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2. Principal Place of Business - No P.O. Box # 50 Public Square	3. Mailing Address 50 Public Square
Suite, Apt. #, etc. Suite 2800	Suite, Apt. #, etc. Suite 2800
City & State Cleveland, OH	City & State Cleveland, OH
Zip 44113	Country USA

60026654



04072008 Chg-LLC CR2E083 (12/06)

4. FEI Number 34-1837021	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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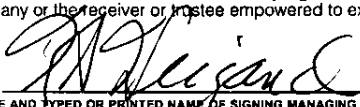
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR	<input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME U-STORE-IT, L.P.		NAME 50 Public Square, #2800	
STREET ADDRESS 6745 ENGLE ROAD, SUITE 300		STREET ADDRESS Cleveland, OH 44113	
CITY-ST-ZIP CLEVELAND, OH 44130		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:  **4/17/08** **216-274-1340**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Kathleen A. Weisberg
Director, President & Secretary