


FILED
Apr 23, 2007 8:00 am
Secretary of State

03-30-2007 90038 043 ****50.00

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

3/2

| | |
|--|---|
| DOCUMENT # M05000000997 1. Entity Name SAFE MINI STORAGE OF HIGHWAY 98, L.L.C. |  |
|--|---|

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|--|--|
| Principal Place of Business 8075 MADISON BLVD., #112 MADISON, AL 35758 | Mailing Address 8075 MADISON BLVD., #112 MADISON, AL 35758 |
|--|--|

DO NOT WRITE IN THIS SPACE

30005343



01102007No Chg-LLC CR2E083 (11/05)

| | |
|---|--|
| 4. FEI Number 20-2134020 | 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

**BRELAND, LOUIS W
1809 WEAKEFISH WAY
PANAMA CITY, FL 32411**

**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 \$80.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM BRELAND ENTERPRISES DE, L.P. 222 DELAWARE AVENUE, 10TH FLOOR WILMINGTON, DE 19899 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS 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 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: _____

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

Louis W. Breland

4/24/07

256 461 4156

Daytime Phone #