

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000003618

FILED  
Apr 27, 2009  
Secretary of State

**Entity Name:** EXTRA SPACE PROPERTIES FIFTY ONE LLC

**Current Principal Place of Business:**

2795 E COTTONWOOD PKWY. #400  
SALT LAKE CITY, UT 84121

**New Principal Place of Business:**

2795 E COTTONWOOD PKWY. #400  
SALT LAKE CITY, UT 84121 US

**Current Mailing Address:**

2795 E COTTONWOOD PKWY. #400  
SALT LAKE CITY, UT 84121

**New Mailing Address:**

2795 E COTTONWOOD PKWY. #400  
SALT LAKE CITY, UT 84121 US

**FEI Number:** 20-2954987

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: EXTRA SPACE PROPERTIES FIFTY SEVEN LLC  
Address: 2795 E COTTONWOOD PKWY. #400  
City-St-Zip: SALT LAKE CITY, UT 84121

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: EXTRA SPACE PROPERTIES FIFTY SEVEN LLC  
Address: 2795 E COTTONWOOD PKWY. #400 SALT LAKE CIT  
City-St-Zip: SALT LAKE CITY, UT 84121 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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:** CHARLES L. ALLEN

MGR

04/27/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date