## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # M05000003870  1. Entity Name YSI VI LLC				04-22-2008 90096 045 ***138.75	
-					
Principal Place		Mailing Address			3
6745 ENGLE CLEVELAND,	ROAD, SUITE 300 OH 44130	6745 ENGLE ROAD, SUIT CLEVELAND, OH 44130			·
	face of Business - No P.O. Box #	3. Mailing Address	• _		
Suite, Apt.	Public Squizze	So Poblic S Suite, Apt. #, etc.	>C UTYE	04072008 Cha-LLC	CD2E093 (43/06)
501	H 7800	501te 280	0		CR2E083 (12/06)
City & State		Clevera	OH	4. FEI Number 20-3138230	Applied For Not Applicable
Zip	even 2, ord	Zip	Country	5. Certificate of Status Desired	\$5.00 Additional
ંપ્ષ		ધનાાઉ			Fee Required
6. Name and Address of Current Registered Agent			Name	7. Name and Address of New R	egistered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD			Street Addres	s (P.O. Box Number is Not Acceptable	•)
PLANTATI 	ON, FL 33324	•			
; ·	ž.		City		FL Zip Code
	named entity submits this statement for ions of registered agent.	the purpose of changing its re	egistered office or regis	stered agent, or both, in the State of Flo	orida. I am familiar with, and accept
	iona or registered agent.				
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: F	Registered Agent signature requ	vired when reinstating)	DATE
FiLE After May	NOWIII FEE IS \$138.75 1, 2008 Fee will be \$538.75				e check payable to Department of State
9.	MANAGING MEMBEI		10.	ADDITIONS)	
TITLE NAME	MGR U-STORE-IT, L.P.	☐ Delete	TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS	6745 ENGLE RD SUITE 300		STREET ADDRESS SC	> Public Square, S	
CITY-ST-ZIP	CLEVELAND, OH 44130			leversons, OH un	
TITLÉ NAME		☐ Delete	TITLE NAME		☐ Change ☐ Addition
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CITY-ST-ZIP	. ,	<del> </del>	CITY-ST-ZIP		
TITLE NAME		☐ Delete	TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS			<b>I</b>		
CITY-ST-ZIP			STREET ADDRESS		
TITLE			CITY-ST-ZIP		
		☐ Delete	CITY-ST-ZIP TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS		Delete	CITY-ST-ZIP		☐ Change ☐ Addition
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STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11.1 hereby c indicated	certify that the information supplied with on this report is true and accurate and bility company or the poceiver or trustee	Delete  Delete  this filling does not qualify for a that my signature shall have the	CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  THE NAME  STREET ADDRESS  CITY-ST-ZIP  The exemptions contains the same legal effect as	if made under oath; that I am a manag	Change Addition  Change Addition  Addition
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STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  11. I hereby of indicated	on this report is true and accurate and billity company or the receiver or trustee	Delete  Delete  this filling does not qualify for that my signature shall have the empowered to execute this reconstruction.	CITY-ST-ZIP  IITLE  NAME STREET ADDRESS CITY-ST-ZIP  IITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  the exemptions contains as are legal effect as eport as required by Ch	if made under oath; that I am a managapter 608, Florida Statutes.	Change Addition  Change Addition  Addition