

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90197 002 \*\*\*\*50.00

DOCUMENT # M06000003808	
1. Entity Name CHICAGO FIVE PORTFOLIO LLC	

Principal Place of Business 2711 CENTERVILLE ROAD, SUITE 400 WILMINGTON, DE 19808	Mailing Address 2711 CENTERVILLE ROAD, SUITE 400 WILMINGTON, DE 19808
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2. Principal Place of Business - No P.O. Box # 2 Harrison Street Suite, Apt. #, etc. 6th Floor	3. Mailing Address 2 Harrison Street Suite, Apt. #, etc. 6th Floor
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01162007 Chg-LLC CR2E083 (12/06)

City & State San Francisco, CA	City & State San Francisco, CA	4. FEI Number 20-3586538	Applied For Not Applicable
Zip 94105	Country USA	Zip 94105	Country USA

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	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 \_\_\_\_\_ 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, 2007**

**Make check payable to  
 Florida Department of State**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM <input type="checkbox"/> Delete BABCOCK & BROWN STORAGE SPC. ACQ. FNDG, LLC 2 HARRISON STREET, 6TH FLOOR SAN FRANCISCO, CA 94105	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**  Judith A. Hall, Babcock & Brown Storage Specialists Acquisition Funding LLC, as Member, its: Vice President 1/16/07 415-521515  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #