


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 15, 2008 8:00 am
Secretary of State

05-15-2008 90073 012 ***138.75

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| DOCUMENT # M06000003901 |  |
| 1. Entity Name CROWNRIDGE STORAGE PORTFOLIO, LLC | |

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| Principal Place of Business 9198 GREENBACK LANE, SUITE 115 ORANGEVALE, CA 95662 | Mailing Address 9198 GREENBACK LANE, SUITE 115 ORANGEVALE, CA 95662 |
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| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country | 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country |
|---|---|

04242008 Chg-LLC CR2E083 (12/06)

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| 4. FEI Number 20-1048526 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 |
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| 7. Name and Address of New Registered Agent Name Webb, Richard S. Street Address (P.O. Box Number is Not Acceptable) 2033 Main Street #600 City Sarasota FL Zip Code 34237 |
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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 Richard Webb <small>Signature, typed or printed name of registered agent and title if applicable.</small> | RS Webb <small>(NOTE: Registered Agent signature required when reinstating)</small> | DATE 4/24/08 |

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| 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 NAME STREET ADDRESS CITY-ST-ZIP | MGR WILLIAMS, DALE A 9198 GREENBACK LANE #115 ORANGEVALE, CA 95662 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR BRENNING, LORI 9158 GREENBACK LANE #115 ORANGEVALE, CA 95662 <input type="checkbox"/> Delete | 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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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.

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| SIGNATURE: Lori Brenning <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | DATE 4/24/08 | DAYTIME PHONE # 916-989-2800 |
|---|---------------------|-------------------------------------|