

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 20, 2007 08:00 AM
Secretary of State

DOCUMENT # M06000004068

1. Entity Name
STORAGE PARTNERS OF COCONUT CREEK II, LLC



Principal Place of Business
1787 SENTRY PARKWAY WEST, BUILDING 16
STE 400
BLUE BELL, PA 19422

Mailing Address
1787 SENTRY PARKWAY WEST, BUILDING 16
STE 400
BLUE BELL, PA 19422



07252007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5155443

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**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 \$50.00
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME LYONS CREEK MT, LLC
STREET ADDRESS 1787 SENTRY PARKWAY WEST, BUILDING 16
CITY- ST- ZIP BLUE BELL, PA 19422

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08/20/07-80001-001 50.00

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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

Date

Daytime Phone #