

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**Sep 07, 2007 8:00 am**  
**Secretary of State**

09-07-2007 90045 032 \*\*\*\*50.00



**DOCUMENT # M06000007085**

1. Entity Name

**STORAGE PARTNERS OF MIRAMAR, LLC**

Principal Place of Business

**3424 PEACHTREE ROAD, N.E. STE 1500  
 ATLANTA GA 30326**

Mailing Address

**3424 PEACHTREE ROAD, N.E. STE 1500  
 ATLANTA GA 30326**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

**1787 Sentry Parkway West**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Building 16, Suite 400**

2nd MOORE

CR2E083 (4/07)

City & State

City & State

**Blue Bell, PA**

4. FEI Number

**20-8058206**

Applied For

Not Applicable

Zip

Country

Zip

Country

**19422**

**USA**

5. Certificate of Status Desired

**\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 5, 2007**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  Delete  
 NAME **MGR**  
 STREET ADDRESS **INDUSTRIAL DEVELOPMENT INTERNATIONAL, INC.**  
 CITY-ST-ZIP **3424 PEACHTREE ROAD, N.E. STE 1500  
 ATLANTA GA 30326**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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 CITY-ST-ZIP

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: **Bob Esslinger**

**8/30/07 215 274 2262**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #