2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2009
Secretary of State

DOCUMENT# M07000000667

Entity Name: HOMELAND SELF STORAGE MANAGEMENT, LLC

Current Principal Place of Business:

495 HEARDS FERRY ROAD NW
ATLANTA, GA 30328

New Principal Place of Business:

Current Mailing Address:

495 HEARDS FERRY ROAD NW
ATLANTA, GA 30328

New Mailing Address:

FEI Number: 20-4132871 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

LO PRESTI, SUE
790 MONUMENT ROAD
JACKSONVILLE, FL 32225 US

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.

SIGNATURE: SUE LO PRESTI 03/06/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: IRLBECK, KEVIN
Address: 495 HEARDS FERRY ROAD NW
City-St-Zip: ATLANTA, GA 30328

Title: MGR ( ) Delete
Name: WEINER, BRUCE
Address: 495 HEARDS FERRY ROAD NW
City-St-Zip: ATLANTA, GA 30328

Title: MGR ( ) Delete
Name: SCHMUSCHKOWITZ, HOWARD
Address: 495 HEARDS FERRY ROAD NW
City-St-Zip: ATLANTA, GA 30328

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KEVIN IRLBECK MGR 03/06/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date