


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-15-2008 90073 013 \*\*\*138.75

<b>DOCUMENT # M07000005008</b> 1. Entity Name WINTER GARDEN SELF STORAGE, LLC					
Principal Place of Business 9198 GREENBACK LANE, STE. 115 ORANGEVALE, CA 95662			Mailing Address 9198 GREENBACK LANE, STE. 115 ORANGEVALE, CA 95662		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01222008    Chg-LLC    CR2E083 (12/06)	
4. FEI Number APPLIED FOR				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$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			7. Name and Address of New Registered Agent Name <u>Webb, Richard S.</u> Street Address (P.O. Box Number is Not Acceptable) <u>2033 Main street suite 600</u> City <u>Sarasota</u> FL    Zip Code <u>34237</u>		
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 <u>Richard Webb</u> <u>RJS</u> DATE <u>4/25/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILLIAMS, DALE A 9198 GREENBACK LANE, STE. 115 ORANGEVALE, CA 95662	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRENNING, LORI 9198 GREENBACK LANE, STE. 115 ORANGEVALE, CA 95662	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRENNING, LORI 9198 GREENBACK LANE, STE. 115 ORANGEVALE, CA 95662	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRENNING, LORI 9198 GREENBACK LANE, STE. 115 ORANGEVALE, CA 95662	<input type="checkbox"/> Delete			
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: <u>Lori Brenning</u> <u>Lori Brenning</u> DATE <u>4/24/08</u> DAYTIME PHONE # <u>916-989-2800</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					