File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. LIMITED LIABILITY COMPANY 🔏 FLORIDA DEPARTMENT OF STATE FILED Sandra B. Mortham ANNUAL REPORT 1998 Secretary of State **DIVISION OF CORPORATIONS** 98 APR 21 AM 10: 44 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE SECRETARY OF STATE TALLAHASSEE, FLORIDA Name and Mailing Address of Limited Liability Company **DOCUMENT # M97000000054** 1a. Principal Place of Business Address STORAGE REALTY, L.L.C. 1240 BLALOCK, SUITE 220 1240 BLALOCK, SUITE 220 HOUSTON TX 77050 HOUSTON TX 77050 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 02/12/1997 TX Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 76-0519292 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Zip Country Zip S8 75 Additional Fee Hequired 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 400002498934--1 -04/24/98--01010--016 Suite, Apt. #, etc. \*\*\*\*188.75 \*\*\*\*188.75 City Zip Code 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE\_ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGR MULVANEY, DOUGLAS L 1240 BLALOCK, SUITE 220 HOUSTON TX

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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 ilmited liability company or the receiver or truspee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an

AME OF SIGNING MANAGING MEMBER OF MANAGER

Daytime Phone #

pater "States appliete" pater

attachment with an address.

SIGNATURE: