File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.											
	NNUAL P		7	DRIDA DEPARTMENT OF STATE Katherine Harris Secretary of State			FILED				
1999 DIVISION OF CORPORATIONS							CO APR 23 FX 5: 00				
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE							ECOMMY DE SIVAS TAIM TO COM				
1 Name and Mailing Address of Limited Liability Company DOCUMENT # M9700000054											
STORAGE REALTY, L.L.C. 1240 BLALOCK, SUITE 220 HOUSTON TX 77050							1a. Principal Place of Business Address 1240 BLALOCK, SUITE 220 HOUSTON TX 77050				
2 Principa	al Place of Bu	siness	2a. Mailin	ing Address)		3a. State of	3a. State of Formation	
Suite, Apt.	# etc		Suite Ant	Suite Apt #, etc			02/12/1	997	XT	'X	
,							4. FEI Number		<u>[</u> [Applied For	
City & State			City & Star	City & State			76-0519292 5. Date of Last Report]	Not Applicable	
77C	Country Zip		770	7705 <i>5</i> Countr			04/21/1998		6. Certificate of Status Desired \$8 75 Additional Fee Required		
	7. Name	e and Address of Curr	ent Registered /	Name and Address of New Registered Agent/Office							
1200 PLANT	ATION SYSTE PINE ISLAN FL 33324 isions of Sections 608.4 bistered agent, or both, in	ND ROAD	Street Address (P.O. Box Numb Suite, Apt. #, etc. City Florida Statutes, the above-named limited liability compa da. Such change was authorized by affirmative vote of a me			d fiability company si	-04/30/9901104024 ****197.58 ****197.58 Zip Code FL submits this statement for the purpose of changing				
as registered agent, and accept the obligations.											
(Registered Agent Accepting Apparation of the Community o				Business Street Address				City, State and Zip Code			
MGR	MULVA	NEY, DOUGL	AS L	1240	BLAL	ock, sui	TE 220	HOUST	ON TX		
11. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3) (i). Florida Statutes. Hurther 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 limited liability company or the receiver or trusted empowered to execute this report as required by Chapter 608. Florida Statutes, and that my name appears in Block 10, or on an attachment with an address SIGNATURE: Manual											
SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNATURA MEDICOCOMADIAN EN DATE: Output PETITION											