2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M9700000054

1. Entity Name
STORAGE REALTY, L.L.C.

Principal Place of Business
1240 BLALOCK. SUITE 220
HOUSTON TX 77055

A Mailing Address
1240 BLALOCK. SUITE 220
HOUSTON TX 77042-5310

2. Principal Place of Business
125735

Suite, Apt. #, etc.

City & State

City & State

Country

Country

Country

APPRUVED AND FILED

00 MAY -5 PM 12: 25

SECRETARY OF STATE TALLAHASSEE. FLORIDA

HOUSTON IX		,	HOUSTON IX TOWESSIO	·					
2. Principal Place of Business 10515 WESTAFFICE			E JOSTS W	3. Mailing Address WESTOFFILE		TABLOUEN LID TRILE TUBLI BOLFI ODEN SUNK	8 8141 8 8 144 8 9 144 8 8 18 1 1	E1111 0101 170 !	
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State			City & State	City & State		4. FEI Number 76-05 19292 Applied For Not Applicable			
Zip 11042 Country		Zipフィッサン	Zip Country		5. Certificate of Status Desired \$5.00 Additional Fee Required				
		and Address of Curre	nt Registered Agent	gistered Agent		7. Name and Address of New Registered Agent			
	٠	_ :,		_ , Name_	, Name				
C T CORP	ORATION :	SYSTEM		C11 A-d-	dense (BO, Boy N	PO Box Number is Not Acceptable)			
				Street Address (P.O. Box Number is Not Acceptable)					
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324									
PERMITATION 1 E 35524							Zip Cod		
'				City	City		FL Zip Cod		
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.									
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 Department of State								į	
			Make Check Pa	iyable to Departm	ent or State				
9. MANAGING MEMBER			AREDS / MEMBERS	10.		ADDITIONS/CHA	NGES /		
	MGR	MANAGING ME	Delete	TITLE		7,0011101101101	Change	Addition &	
TITLE NAME		Y, DOUGLAS L	1000ts	NAME		1	~	9	
STREET ADDRESS		LOCK, SUITE 220		STREET ADDRESS	10575	WESTOFFID	<u> </u>	, [8	
CITY-81-ZIP		N TX 77050		CITY-ST-ZIP		1			
TITLE			Delete	TITLE 1		•	Change	Addition (
NAME	i		•	MAME	-	80000327 -06/02/00- *****55.0	<u> 4348-</u>	8	
STREET ADDRESS				STREET ADDRESS		-06/02/00-	_010120;	22 <u> </u>	
CITY- ST- ZIP				CITY-ST-ZIP			① 米米米米水(5)	3.UU	
TITLE			. Delete	TITLE			Change	Addition	
NAME -		ast Landina	و وسده منت الاوساء والمجاد	NAME	. Waste was	and the second of the second of the second of			
STREET ADDRESS				\$TREET ADDRESS					
CITY-ST-ZIP				CITY-ST-ZIP					
TITLE	ļ		Delete	TITLE		1	Change	Addition	
NAME	<u> </u>			NAME				İ	
STREET ADDRESS				STREET ADDRESS CITY-ST-ZIP					
CITY-8T-ZIP	ļ						□ Change	- Salation	
TITLE			Delete	TITLE MARLE				Addition	
NAME STREET ADDRESS	{			STREET ADDRESS				}	
CITY-87-ZIP				CITY- 8T- ZIP					
TITLE	 		Deleta	TITLE	1		Change	Addition	
NAMES				MAME		,			
STREET ADDRESS		•		STREET ADDRESS		•			
CITY- ST- ZIP	}			CITY-8T-ZIP				}	
44 11 1	L				1/- 01 110	07(2)(i) Elorido Statutos I furth	or portify that the i	nformation	

11. I 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

<u>417/00</u>

113-4646944

Daytime Phone #