

# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

<b>DOCUMENT # M97000000054</b>					
<b>1. Entity Name</b> STORAGE REALTY, L.L.C.					
<b>Principal Place of Business</b> 10575 WEST OFFICE HOUSTON, TX 77042			<b>Mailing Address</b> 10575 WEST OFFICE HOUSTON, TX 77042		
<b>2. Principal Place of Business</b> 715 S. Country Club Dr.			<b>3. Mailing Address</b> 715 S. Country Club Dr.		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
<b>City &amp; State</b> Mesa, AZ			<b>City &amp; State</b> Mesa, AZ		
<b>Zip</b> 85210		<b>Country</b> USA		<b>4. FEI Number</b> 76-0519292	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>					
SIGNATURE <i>Barbara A. Burke</i>		<b>BARBARA A. BURKE</b> SPECIAL ASSISTANT SECRETARY		DATE <i>11-7-05</i>	
<b>FILE NOW!!! FEE IS \$50.00</b> <b>After January 1, 2006, Fee will be \$100.00</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MULVANEY, DOUGLAS L 10575 WEST OFFICE HOUSTON, TX 77050	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Mark V. Shoen 715 S. Country Club Dr. Mesa, AZ 85210	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Carlos Vizcarra 2721 N. Central Ave. Phoenix, AZ 85004	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Bruce G. Brockhagen 2721 N. Central Ave. Phoenix, AZ 85004	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600061440618 11/15/05--01052--007 **50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.03(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.</b>					
<b>SIGNATURE:</b> <i>Carlos Vizcarra</i>			10/26/05 (602) 263-6638		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Carlos Vizcarra, Manager			Date Daytime Phone #		

**FILED**

05 NOV 28 AM 11:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10072005 REIN-LLC CR2E101 (6/04)

4. FEI Number 76-0519292 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$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

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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**

**After January 1, 2006, Fee will be \$100.00**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Make check payable to**  
**Florida Department of State**

## 9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
MULVANEY, DOUGLAS L  
10575 WEST OFFICE  
HOUSTON, TX 77050

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

## 10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Manager  
Mark V. Shoen  
715 S. Country Club Dr.  
Mesa, AZ 85210

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Manager  
Carlos Vizcarra  
2721 N. Central Ave.  
Phoenix, AZ 85004

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Manager  
Bruce G. Brockhagen  
2721 N. Central Ave.  
Phoenix, AZ 85004

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
600061440618  
11/15/05--01052--007 \*\*50.00

☐ Change ☐ Addition

TITLE  
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**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

10/26/05 (602) 263-6638

Date

Daytime Phone #