2nd and FINAL NOTICE: **File on or before Sept. 29, 1999 or Limited Liability Company will be dissolved.**

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 15 1999 8:00 am
Secretary of State

FILING FEE $ 588.75	Annual Report $100.00 + $88.75 Corporation Supplemental Fee + $400.00 Late Fee
	Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1 Name and Mailing Address of Limited Liability Company

DOCUMENT # M98000000854

CROWNE STORAGE, L.L.C.
1015 FINANCIAL CENTER
BIRMINGHAM AL 35203

1a. Principal Place of Business Address

1015 FINANCIAL CENTER
BIRMINGHAM AL 35203

2 Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

3. Date Organized or Qualified	3a. State of Formation
07/31/1998	AL

4. FEI Number 63-1207419 ☐ Applied For ☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired ☐

7. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

8. Name and Address of New Registered Agent/Office

Name

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

Suite, Apt. #, etc.

City **FL** 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 _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MEM	ENGEL, ALAN Z	1015 FINANCIAL CENTER	BIRMINGHAM AL 35203
MEM	LEVOW, ALAN D	~~256 POWER FERRY RD.~~ 3108 Piedmont Rd, NE Suite 221	~~MARIETTA GA~~ Atlanta, Ga 30305

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-09/17/99--01003--003
****188.75 ****188.75

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 limited liability company or the receiver or trustee 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: _____ 8/10/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #

INHSE10 R (6/99)

CROWNE PARTNERS

(2)

FILED
99 SEP -3 PM 1:28
SECRETARY OF STATE
TALLAHASSEE FLORIDA

August 25, 1999

Florida Department of State
Division of Corporations
Registration Section
PO Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

This is a request to waive any late fees in reference to the 1999 Annual Report for Crowne Storage, LLC. We received a second notice, and have not received any prior notice of this report. The document number is M98000000854.

Sincerely,

Barbara J. Hood

Barbara Hood
Account Manager

CROWNE PARTNERS INC. 505 North 20th Street Suite 1015 Birmingham, Alabama 35203 205 328-3120 FAX: 205 326-0528