

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # M98000000854

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



Principal Place of Business
1015 FINANCIAL CENTER
BIRMINGHAM, AL 35203

Mailing Address
1015 FINANCIAL CENTER
BIRMINGHAM, AL 35203



04122006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

63-1207419

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

**DO NOT WRITE
IN THIS SPACE**

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

Filing Fee is \$50.00
Due by May 1, 2006

1100000542283
05/10/06-80081-017 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	ENGEL, ALAN Z
STREET ADDRESS	1015 FINANCIAL CENTER
CITY - ST - ZIP	BIRMINGHAM, AL 35203
TITLE	MGR
NAME	LEVOW, ALAN D
STREET ADDRESS	3108 PIEDMONT RD, NE, SUITE 221
CITY - ST - ZIP	ATLANTA, GA 30305
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/17/06

205-221-4000