### 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

#### DOCUMENT # M98000000854

1. Entity Name

CROWNE STORAGE, L.L.C.



Principal Place of Business

Mailing Address

1015 FINANCIAL CENTER BIRMINGHAM, AL 35203 1015 FINANCIAL CENTER BIRMINGHAM, AL 35203

### FILED

2007 MAR 13 AM 10: 07

SECRETARY OF STATE TALLAHASSEE. FLORIDA



02152007 No Chg-LLC

CR2E083 (11/05)

| 4. FEI Number                    |        | Applied For    |
|----------------------------------|--------|----------------|
| 63-1207419                       | <br>   | Not Applicable |
| 5. Certificate of Status Desired | \$5.00 | Additional     |

6. Name and Address of Current Registered Agent

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

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| 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 Iamiliar with, and | d 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, 2007



| •              |  |  |  |  |  |
|----------------|--|--|--|--|--|
| 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    |  |  |  |  |  |
| TSTLE          |  |  |  |  |  |
| NAME           |  |  |  |  |  |
| STREET ADDRESS |  |  |  |  |  |
| CITY-ST-ZIP    |  |  |  |  |  |
| THTLE          |  |  |  |  |  |
| NAME           |  |  |  |  |  |
| STREET ADDRESS | •  |  |  |  |  |
| CITY-ST-ZIP    |  |  |  |  |  |
| TITLE          |  |  |  |  |  |
| NAME           |  |  |  |  |  |
| STREET ADDRESS | 4 4 6 4  |  |  |  |  |
| CITY-ST-ZIP    |  |  |  |  |  |
| 11. Lhereby    | 11. I hereby certify that the information supplied with this filing does not qualify for the ex- |  |  |  |  |

900095230048 03/23/07--01032--025 \*\*\$50.00

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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:

JRE: SIGNATURE AND TYPED OR PRINTED NAM

Alan Z Engel

2/27/07

205-308-3120

Daytime Phone #