

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90135 038 ****50.00

DOCUMENT # M99000000754

1. Entity Name
STORAGE PORTFOLIO I LLC

Principal Place of Business
**175 TOYOTA PLACE, STE. 700
 MEMPHIS TN 38103**

Mailing Address
**10440 LITTLE PATUXENT PARKWAY
 SUITE 1100
 COLUMBIA MD 21044**

JUL 12



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
**175 TOYOTA PLAZA
 Suite, Apt. #, etc.
 SUITE 700**

3. Mailing Address
**10440 LITTLE PATUXENT PKWY
 Suite, Apt. #, etc.
 SUITE 700**

City & State
MEMPHIS, TN

City & State
COLUMBIA, MD

4. FEI Number **52-2170959**

Applied For
 Not Applicable

Zip Country
38103 USA

Zip Country
21044 USA

5. Certificate of Status Desired **\$5.00** Additional Fee Required

~~6. Name and Address of Current Registered Agent~~

~~7. Name and Address of New Registered Agent~~

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

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SUSA PARTNERSHIP, L.P. 175 TOYOTA PLACE, STE. 700 MEMPHIS TN 38103 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 175 TOYOTA PLAZA, SUITE 700 MEMPHIS, TN 38103
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Donna Buck **REQUIRE** DONNA BUCK 4/25/2002 410-884-8711

CR2E083 (9/01)