From : BOGUE ASSOCIATES PHONE No. : 561 585 15

FILED
Jun 19, 2002 8:00 am
Secretary of State
05-27-2002 90502 025 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000075498

1. Entity Name: Broward County Self Storage, Inc.

35900

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business:
Suite, Apt. #, etc.:
City & State:
Zip: Country:

3. Mailing Address: P.O. Box 5358
Suite, Apt. #, etc.:
City & State: Lake Worth, FL
Zip: 33466 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 45-0469669 Applied For / Not Applicable

5. Certificate of Status Desired □ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Carl S. Marzola
Street Address (P.O. Box Number is Not Acceptable): 3438 N. Ocean Bl.
City: Fort Lauderdale FL Zip Code: 33308

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: [signature]

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. □ (See criteria on back)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. □ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	TITLE	PCD
NAME	Carl S. Marzola	NAME	
STREET ADDRESS	3438 N. Ocean Bl	STREET ADDRESS	
CITY-ST-ZIP	Fort Lauderdale, FL 33308	CITY-ST-ZIP	
TITLE	VP D S T	TITLE	
NAME	Evan Anthony	NAME	
STREET ADDRESS	711 West Las Olas Blvd.	STREET ADDRESS	
CITY-ST-ZIP	Fort Lauderdale, FL 33312	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	DO NOT WRITE IN THIS SPACE
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/01)

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature], CARL S. MARZOLA PRESIDENT 4/29/02 954-564-8182
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #