### 2007 FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT # P98000024141

1. Entity Name NATIONSTORAGE R.E.I.T. I, INC.



Principal Place of Business

812 NW 1ST ST. FORT LAUDERDALE, FL 33311 Mailing Address

812 NW 1ST ST.

FORT LAUDERDALE, FL 33311

# FILED May 01, 2007 08:00 AM Secretary of State



### DO NOT WRITE IN THIS SPACE

04302007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0819466

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

DAMERAU, DAVID F 812 NW 1ST FORT LAUDERDALE, FL 33311

## DO NOT WRITE IN THIS SPACE

|                                       | named entity submits this statement for the pations of registered agent. | ourpose of changing its register                                      | ed office or r     | egistered agent, or bo                | oth, in the State of Florida I am familiar with, and accept                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|---------------------------------------|--------------------------------------------------------------------------|-----------------------------------------------------------------------|--------------------|---------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SIGNATURE                             | Signature, typed or printed name of registered agent and title t         | Il applicable. (NOTE Registere                                        | ed Agent signature | e required when semstathig)           | DATC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|                                       | E NOW!!! FEE IS \$150.00<br>ay 1, 2007 Fee will be \$550.00              | 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. |                    | <b>\$5.00</b> May Be<br>Added to Fees |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 10.                                   | OFFICERS AND DIREC                                                       | CTORS                                                                 |                    |                                       | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D<br>DAMERAU, DAVID F<br>812 NW 1 STREET<br>FORT LAUDERDALE, FL 33311    |                                                                       |                    |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |                                                                          |                                                                       |                    |                                       | ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| TITLE NAME STREET ADDRESS CIFY-S1-ZIP |                                                                          |                                                                       |                    | DO                                    | NOT WRITE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| TITLE NAME STREET ADDRESS CITY-S1-ZIP |                                                                          |                                                                       |                    | IN '                                  | THIS SPACE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |                                                                          |                                                                       |                    |                                       | U00000749680<br>05/18/07-80033-012 150.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| TITLE                                 |                                                                          |                                                                       |                    |                                       | The many than the control of the manufacture of the |

12. 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 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 persusted final several to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in changed, or on an attachment of the receiver persusted in the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver persusted in Block 10 or Block 11 in changed, or on an attachment of the receiver persusted in the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver persusted in the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver persual pe

**SIGNATURE:** 

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/07 5