2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2007
Secretary of State

DOCUMENT# L06000119491

Entity Name: STORSAFE APOLLO BEACH MANAGER LLC

Current Principal Place of Business:

444 BRICKELL AVENUE, STE. 900
MIAMI, FL 33131

New Principal Place of Business:

444 BRICKELL AVENUE
STE. 900
MIAMI, FL 33131

Current Mailing Address:

444 BRICKELL AVENUE, STE. 900
MIAMI, FL 33131

New Mailing Address:

444 BRICKELL AVENUE
STE. 900
MIAMI, FL 33131

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DUNNE, LORRI
% AMERICAS CAPITAL PARTNERS LLC
444 BRICKELL AVENUE, STE. 900
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

LEGAGNEUR, NATHALIE
444 BRICKELL AVENUE
STE. 900
MIAMI, FL 33131 US

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: NATHALIE LEGAGNEUR 03/20/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: DE OLAZARRA, ALLEN
Address: 444 BRICKELL AVENUE, STE. 900
City-St-Zip: MIAMI, FL 33131

Title: MGRM ( ) Delete
Name: SOCOLSKY, SERGIO
Address: 444 BRICKELL AVENUE, STE. 900
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ALLEN C. DE OLAZARRA MGRM 03/20/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date