

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M2300000803

**Entity Name:** THE WILLIAM WARREN GROUP SELF STORAGE INCOME FUND TRS, LLC

**FILED**  
**Jan 08, 2024**  
**Secretary of State**  
**1482459302CC**

**Current Principal Place of Business:**

100 WILSHIRE BLVD., STE. 400  
SANTA MONICA, CA 90401

**Current Mailing Address:**

P.O. BOX 2034  
SANTA MONICA, CA 90406

**FEI Number: 87-4659289**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

FILEJET INC.  
625 E. TWIGGS ST.  
STE 110  
TAMPA, FL 33602 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: ANDREW WHITE**

**01/08/2024**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AP  
Name PORTER, CLARK W  
Address 201 WILSHIRE BLVD., STE. 102  
City-State-Zip: SANTA MONICA CA 90401

Title AP  
Name SUGARMAN, GARY  
Address 201 WILSHIRE BLVD., STE. 102  
City-State-Zip: SANTA MONICA CA 90401

Title AP  
Name HOBIN, WILLIAM W  
Address 201 WILSHIRE BLVD., STE. 102  
City-State-Zip: SANTA MONICA CA 90401

Title AP  
Name HOBIN, TIMOTHY B  
Address 201 WILSHIRE BLVD., STE. 102  
City-State-Zip: SANTA MONICA CA 90401

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: CLARK PORTER**

**MANAGER**

**01/08/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date