


**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90032 044 \*\*\*\*50.00

**2007 LIMITED LIABILITY COMPANY  
 ANNUAL REPORT**

**DOCUMENT # L03000032370**

1. Entity Name  
**ALL ABOARD STORAGE, LLC**



Principal Place of Business <b>5111 SOUTH RIDGEWOOD AVE        SUITE 300        PORT ORANGE, FL 32127 US</b>	Mailing Address <b>P.O. BOX 238071        PORT ORANGE, FL 32127</b>
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01222007 No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

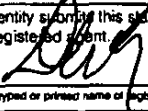
4. FEI Number <b>34-1978202</b>	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CLARK, ANDREW D  
 5111 SOUTH RIDGEWOOD AVE  
 SUITE 300  
 PORT ORANGE, FL 32127**

**DO NOT WRITE  
 IN THIS SPACE**

8. The above named entity sponsors this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  DATE: **4/11/07**


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

**Filing Fee is \$50.00  
 Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CLARK, D. ANDREW 5652 ISABELLE AVENUE PORT ORANGE, FL 32127
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11. 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 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:  DATE: **5/1/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE