


FILE NOW: Fee after May 1, will be \$588.75

APPROVED
AND
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97 APR 28 PM 1:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILING FEE \$ 203.75	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company
DOCUMENT #L95000000580

MABRY STORAGE, L.C.
2106 BISPHAM RD.
SUITE B
SARASOTA FL 34231

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

1a. Principal Place of Business Address

2106 BISPHAM RD.
SUITE B
SARASOTA FL 34231

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

3. Date Organized or Qualified	3a. State of Formation
07/28/1995	FL
4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
65-0583497	
5. Date of Last Report	6. Certificate of Status Desired
03/28/1996	<input type="checkbox"/> <small>See Additional Fee Required</small>

7. Name and Address of Current Registered Agent

PATTERSON, JOHN
46 N. WASHINGTON BLVD.
SUITE 1
SARASOTA FL 34236

8. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	200002163122--9
Suite, Apt. #, etc.	-05/02/97--01051--003 ****203.75 ****203.75
City	FL
Zip Code	

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	1116304 ONTARIO INC.,	253 ROBINA RD.	ANCASTER, ONTARIO
MGRM	SACKVILLE HOLDINGS, IN	ONE FIRST CANADIAN PL., BO	TORONTO, ONTARIO
MGRM	100070 ONTARIO LIMITED	95 ST. CLAIR AVE. WEST, #	TORONTO, ONTARIO
MGRM	SANVIN, INC., ATTN. DO	3375 14TH AVE., UNIT 1	MARKHAM, ONTARIO
MGRM	JOHNSON, JOHN E	627 BUCHANAN ST.	DAVIS CA
MGRM	PARBIRDIE HOLDINGS, IN	4 HIGHLAND CRESCENT	TORONTO, ONTARIO

A. Allan
4/28/97

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (l), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date _____ Daytime Phone # _____