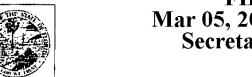
## **2008 LIMITED LIABILITY COMPANY** ANNUAL REPORT (AR) - DUE BY MAY 1, 2008 DOCUMENT # L00000009285 1. Entity Name



**FILED** Mar 05, 2008 08:00 A

GUARDIA	AN PERSONAL STORAGE,	L.C.		Secretary of Sta	ite
	ce of Business JA DR AVILA 33613	Mailing Address 16504 ADAJA DE AVILA TAMPA FL 33613			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		1 1991)911 911 9311 83111 83111 83111 9311 8239 1913 11991 19151 811881 111 1881	
Suite, Apt. #, etc		Suite. Apt. #, etc.		1st MOORE CR2E083 (10/07)	
City & State		City & State		4. FEI Number 59-3670008 Applied Foi Not Applied by Applied Foi	le
Zip	Country	Zip	Country	5. Certificate of Status Desired   \$5.00 Additional Fee Required	
	6. Name and Address of Curren	t Registered Agent		7. Name and Address of New Registered Agent	
HILL, GERALD K 16504 ADAJA DE AVILA TAMPA FL 33613			Name Street Addres	Name Street Address (P.O. Box Number is Not Acceptable)	
			City	FL Zp Code	$\dashv$
	e named entity submits this statement titions of registered agent	for the purpose of changing its	registered office or regis	tered agent, or both, in the State of Flonda. I am familiar with, and accep	1
SIGNATURE	Simulative Typed to stance before debuggle endering	TOAN descriptions of the H	E. Registarea Algentis quatura (aqu	red wich (chartung) DATE	
		After May 1, Make Check Payab	W!!! FEE IS \$138.7 2008, Fee Will Be \$5 le to Florida Departm	38.75	
9.	MANAGING MEMB		10.	ADDITIONS/CHANGES	_
NAME STREET ADDRESS CITY-ST-ZIP	MGRM HILL, GERALD K 16504 ADAJA DE AVILA TAMPA FL 33613	☐ Delete	TITLE NAME STREET ACCIDESS CITY-ST-Z:P	□ Change □ Addite U00000848398 03/20/08-80016-002 138.75	n
THILE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HILL, TERRY A 16504 ADAJA DE AVILA TAMPA FL 33613	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additio	ın.
TITLE NAME SIREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ALDRESS CITY-SI-2:P	☐ Change ☐ Additio	in
TITLE NAME SIBEET ADDRESS CITY-SI-ZIP		☐ Delete	TITLE RAME STREET ACORESS CUTY-ST-Z-P	☐ Change ☐ Addition	n
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Adritic	n
TITLE NAME STREET ADDRESS CITY, ST. 719		☐ Delote	NAME STREET ADDRESS	☐ Change ☐ Addition	n

11. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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. (813)968-8400

SIGNATURE: MANAGING MEMBER AUTHORIZED REPRESENTATIVE