2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 11, 2008
Secretary of State

DOCUMENT# L00000012300

Entity Name: DIVERSIFIED STORAGE, LLC

Current Principal Place of Business:

196 N.E. CHESTNUT STREET
LAKE CITY, FL 32055

New Principal Place of Business:

196 N.E. CHESTNUT AVE
LAKE CITY, FL 32055

Current Mailing Address:

196 N.E. CHESTNUT STREET
LAKE CITY, FL 32055

New Mailing Address:

196 N.E. CHESTNUT AVE
LAKE CITY, FL 32055

FEI Number: 59-3709621 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BROWN, THOMAS W
10 NORTH COLUMBIA STREET
LAKE CITY, FL 320561029 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: MCFEELY, JOHN F JR
Address: 196 NE CHESTNUT STREET
City-St-Zip: LAKE CITY, FL 32055

Title: MGRM ( ) Delete
Name: MCFEELY, DIANE
Address: 196 NE CHESTNUT STREET
City-St-Zip: LAKE CITY, FL 32055

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: MCFEELY, JOHN F JR
Address: 196 NE CHESTNUT AVE
City-St-Zip: LAKE CITY, FL 32055

Title: MGRM (X) Change ( ) Addition
Name: MCFEELY, DIANE
Address: 196 NE CHESTNUT AVE
City-St-Zip: LAKE CITY, FL 32055

I hereby certify that the information supplied with this filing does not qualify 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: DIANE S MCFEELY MGRM 01/11/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date