

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 11, 2001 08:00 AM****Secretary of State****DOCUMENT # L00000014018**1. Entity Name
MULBERRY STORAGE COMPANY, L.L.C.

Principal Place of Business	Mailing Address
3026 LOCUST ST. ST. LOUIS MO 63103	3026 LOCUST ST. ST. LOUIS MO 63103

2. Principal Place of Business	3. Mailing Address
138 9TH AVENUE NW Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
MULBERRY FL	

Zip	Country	Zip	Country
33860			

4. FEI Number	Applied For
36-4400797	Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentC T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.

PLANTATION FL 33324 US**7. Name and Address of New Registered Agent**

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. 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 _____ DATE **01/11/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)**FILE NOW!!! FEE IS \$50.00**
Make Check Payable to Department of State**9. MANAGING MEMBERS / MEMBERS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	MGRM	S & B INVESTMENTS	3026 LOCUST ST. ST. LOUIS MO 63103	

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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Charles D. Kamper VP 01/11/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVEDate Daytime Phone #

CR2E083 (11/00)