

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT****FILED**
Feb 22, 2008 08:00 AM
Secretary of State

DOCUMENT # L00000014018 1. Entity Name MULBERRY STORAGE COMPANY, L.L.C.	
--	---

Principal Place of Business 138 9TH AVENUE NW MULBERRY, FL 33860	Mailing Address P.O. BOX 367 MULBERRY, FL 33860 US
--	--

U00000834910
02/29/08-80014-015 138.75**DO NOT WRITE IN THIS SPACE**

01072008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 36-4400797	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324
--

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE**FILE NOW!!! FEE IS \$138.75**
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM S & B INVESTMENTS 133 SCENIC VIEW MURPHYSBORO, IL 62968
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: BEVERLY S. MAISEL, Beverly S. Maisel 2-20-08 618-398-8790
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #