


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 07, 2005 8:00 am**  
**Secretary of State**

03-07-2005 90057 049 \*\*\*\*50.00

DOCUMENT # L01000013707			
1. Entity Name GILLESPIE STORAGE, L.L.C.			
Principal Place of Business 1060 GOODRICH AVE SARASOTA, FL 36236		Mailing Address 8731 52ND AVE E. BRADENTON, FL 34211	
2. Principal Place of Business 1770 N. TAMiami TRAIL Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State SARASOTA, FLORIDA		City & State	
Zip 34236	Country USA	Zip	Country
6. Name and Address of Current Registered Agent VILLWOCK, RICHARD 8731 52ND AVE E BRADENTON, FL 34211		7. Name and Address of New Registered Agent Name: TERRY FINE Street Address (P.O. Box Number is Not Acceptable): 1770 N. TAMiami TRAIL City: SARASOTA, FL Zip Code: 34234	
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: <i>Richard Villwock</i> 2/22/05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: MGR NAME: VILLWOCK, RICHARD STREET ADDRESS: 4102 ST. ANDREWS CT. CITY-ST-ZIP: ST. CHARLES, IL 60176 <input checked="" type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> Delete	TITLE: MGR. TERRY L. FINE NAME: TERRY L. FINE STREET ADDRESS: 1770 N TAMiami TRAIL CITY-ST-ZIP: SARASOTA, FL 34234 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: MGR. DAN VILLWOCK NAME: DAN VILLWOCK STREET ADDRESS: 706 S. BATAVIA AVE CITY-ST-ZIP: GENEVA, IL 60134 <input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE: <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: <i>Richard Villwock</i> 2/22/05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date: 2/22/05 Daytime Phone #: 941-758-3558	

