


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90023 044 ***138.75

DOCUMENT # L01000013707

1. Entity Name
 GILLESPIE STORAGE, L.L.C.



Principal Place of Business
 1770 NORTH TAMiami TRAIL
 SARASOTA, FL 34236 US

Mailing Address
 8731 52ND AVE E.
 BRADENTON, FL 34211

60028707



DO NOT WRITE IN THIS SPACE

04222008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 65-1129148	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

FINE, TERRY
 1770 NORTH TAMiami TRAIL
 SARASOTA, FL 34234

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	MGR FINE, TERRY L 1770 NORTH TAMiami TRAIL SARASOTA, FL 34234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VILLWOCK, RICHARD 8731 52ND AVENUE EAST BRADENTON, FL 34211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VILLWOCK, DANN 706 SOUTH BATAVIA AVENUE GENEVA, IL 60134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: _____ **4/22/08** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #