


**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**

04222008No Chg-LLC CR2E083 (12/07)

4. FEI Number 65-1129148	Applied For Not Applicable
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5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

FINE, TERRY  
 1770 NORTH TAMiami TRAIL  
 SARASOTA, FL 34234

**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 \_\_\_\_\_ 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	

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