2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State
04-29-2005 90041 048 ***150.00

20050702

DOCUMENT # L02000009049

1. Entity Name
A BETTER WAREHOUSE & STORAGE, LLC

Principal Place of Business	Mailing Address
455 GAILS WAY MERRITT ISLAND, FL 32953 US	455 GAILS WAY MERRITT ISLAND, FL 32953 US

04222005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
600 Cox Road		630 Milford Point Dr	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Cocoa FL		City & State: Merritt Island FL	
Zip: 32926	Country: Brevard	Zip: 32952	Country: Brevard

4. FEI Number ~~NOT APPLICABLE~~ 20-0992601 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JENNY, ALFRED P JR. 405 ISLAND OAKS PLACE MERRITT ISLAND, FL 32953	Name: Jenny, Alfred P Jr. Street Address (P.O. Box Number is Not Acceptable): 630 Milford Point Dr City: Merritt Island FL Zip Code: 32952

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)

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 NAME STREET ADDRESS CITY-ST-ZIP	MGR JENNY, ALFRED P JR 405 ISLAND OAKS PLACE MERRITT ISLAND, FL 32953	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jenny, Alfred P Jr 630 Milford Point Dr Merritt Island, FL 32952	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Pat Hogan Mgr 4-26-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #