2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000024380

1. Entity Name
WILTON STORAGE, LLC



FILED
Jan 24, 2005 08:00 AM
Secretary of State

Principal Place of Business

Mailing Address

68 FIESTA WAY

68 FIESTA WAY

FORT LAUDERDALE, FL 33301

FORT LAUDERDALE, FL 33301



DO NOT WRITE IN THIS SPACE

01112005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 16-1676913 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GALLUZZO, GEORGE R 320 SOUTHEAST 18TH STREET FORT LAUDERDALE, FL 33316

DO NOT WRITE IN THIS SPACE

 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 the II applicable	(NOTE, Registered Agent signature required when reinstating	DATE
Fi Di	ling Fee is \$50.00 ue by May 1, 2005		
9.	MANAGING MEMBERS/MANAGERS	A CONTRACTOR OF THE PROPERTY O	
TITLE NAME STREET ADDRESS CITY+ST-ZIP	MGRM GALLUZZO, GEORGE R 320 SOUTHEAST 18TH STREET FORT LAUDERDALE, FL 33316		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR THIES, WILLIAM 68 FIESTA WAY FORT LAUDERDALE, FL 33301		000000194593 01/25/05-80105-025 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D	O NOT WRITE
NAME STREET ADDRESS CITY-ST-7/P		11/	I THIS SPACE

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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

118/05

Daytime Phone #