

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000031589

FILED
Apr 14, 2008
Secretary of State

Entity Name: ALL BREVARD STORAGE, LLC

Current Principal Place of Business:

1620 TANGERINE STREET
MELBOURNE, FL 32901 US

New Principal Place of Business:

420 BARNES BLVD.
ROCKLEDGE, FL 32955 US

Current Mailing Address:

1620 TANGERINE STREET
MELBOURNE, FL 32901 US

New Mailing Address:

FEI Number: 51-0484904 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VALENTINE, JOHNNY G
6725 S. HWY A1A
MELBOURNE BEACH, FL 32951 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SCHOPKE, NEIL
Address: 1620 TANGERINE STREET
City-St-Zip: MELBOURNE, FL 32901 US

Title: MGRM () Delete
Name: VALENTINE, JOHNNY G
Address: 6725 S. HWY A1A
City-St-Zip: MELBOURNE BEACH, FL 32951 US

Title: MGRM () Delete
Name: VALENTINE, SUSAN
Address: 1620 TANGERINE STREET
City-St-Zip: MELBOURNE, FL 32901 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: VALENTINE, SUSAN
Address: 6725 S. HWY A1A
City-St-Zip: MELBOURNE BEACH, FL 32951 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: NEIL SCHOPKE

MM

04/14/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date