


FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90054 033 ****50.00

**2005 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L03000032370

1. Entity Name
 ALL ABOARD STORAGE, LLC



| | |
|--|---|
| Principal Place of Business 5111 SOUTH RIDGEWOOD AVE SUITE 300 PORT ORANGE, FL 32127 US | Mailing Address P.O. BOX 238071 PORT ORANGE, FL 32127 |
|--|---|

20042613



01042005No Chg-LLC CR2E083 (10/03)

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| | |
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| 4. FEI Number 34-1978202 | 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

CLARK, ANDREW D
 5111 SOUTH RIDGEWOOD AVE :
 SUITE 300
 PORT ORANGE, FL 32127

**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 *D. Andrew Clark, Managing Member* 1-17-05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating) DATE

**Filing Fee is \$50.00
 Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR CLARK, D. ANDREW 5652 ISABELLE AVENUE PORT ORANGE, FL 32127 |
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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: *D. Andrew Clark, Managing Member* 1-17-05 386-763-2280
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #