2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000035919

1. Entity Name
ST. GEORGE ISLAND STORAGE, LLC

Principal Place of Business	Mailing Address
509 NORTH PATTERSON STREET VALDOSTA, GA 31601	509 NORTH PATTERSON STREET VALDOSTA, GA 31601

DO NOT WRITE IN THIS SPACE

04262005 No Chg-LLC   CR2E083 (10/03)

4. FEI Number		Applied For
20-0524627		Not Applicable

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

6. Name and Address of Current Registered Agent

FANN, ELLIOTT W
235 W. GULF BEACH DRIVE
ST. GEORGE ISLAND, FL 32328

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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 _____

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	MGRM
NAME	FANN, WAYNE
STREET ADDRESS	509 N. PATTERSON ST.
CITY-ST-ZIP	VALDOSTA, GA 31601
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
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CITY-ST-ZIP	

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05/04/05-80080-006 50.00

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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: _WAYNE FANN_   4-26-5   229-242-7575

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #