

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000045771

FILED
Feb 23, 2007
Secretary of State

Entity Name: ALL SECURE STORAGE OF VALPARAISO, LLC

Current Principal Place of Business:

900 VALASTICS AVENUE
VALPARAISO, FL 32580

New Principal Place of Business:

Current Mailing Address:

900 VALASTICS AVENUE
VALPARAISO, FL 32580

New Mailing Address:

FEI Number: 39-5660472

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAST, WILLIAM C
900 VALASTICS AVENUE
VALPARAISO, FL 32580 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: LAST, WILLIAM C
Address: 900 VALASTICS AVENUE
City-St-Zip: VALPARAISO, FL 32580

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DEVITA, SHANNON H
Address: 900 VALASTICS AVENUE
City-St-Zip: VALPARAISO, FL 32580

Title: MGRM () Change (X) Addition
Name: TAMARA, LAST
Address: 609 CLOUTE ST
City-St-Zip: FORT ATKINSON, WI 53538 US

Title: MGRM () Change (X) Addition
Name: LAST, WILLIAM C
Address: 609 CLOUTE ST
City-St-Zip: FORT ATKINSON, WI 53538 US

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM LAST

MGRM

02/23/2007

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