2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

Jan 05, 2005 8:00 am Secretary of State **DOCUMENT # L03000047913** 01-05-2005 90002 024 ****55.00 1. Entity Name GARAGE STORAGE CABINETS OF TALLAHASSEE L.L.C. Mailing Address Principal Place of Business 4574 MILLWOOD LANE 4574 MILLWOOD LANE TALLAHASSEE, FL 32312 TALLAHASSEE, FL 32312 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01032005 Chg-LLC CR2E083 (10/03) Applied For City & State City & State 4. FEI Number 02-07/2208 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HEDDAEUS, MARK W Street Address (P.O. Box Number is Not Acceptable) 4574 MILLWOOD LANE TALLAHASSEE, FL 32312 City Zip Code 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) Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGRM TITLE Delete TIRE ☐ Change ■ Addition HEDDAEUS, MARK W NAME NAME STREET ADDRESS 4574 MILLWOOD LANE STREET ADDRESS TALLAHASSEE, FL 32312 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME , & , St. Mr STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FR 28 TES 18. 1 ☐ Delete Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP

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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.