

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 10, 2007 08:00 A
Secretary of State

DOCUMENT # L04000000861

1. Entity Name
STORAGE EAST, LLC



Principal Place of Business
1051 BUENAVENTURE BLVD
KISSIMEE, FL 34743

Mailing Address
4102 EMERSON STREET
WILMINGTON, NC 28403



04022007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0738036

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WOODS, WALTER G
310 SW OCEAN BLVD.
STUART, FL 34994

**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

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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MARTIN, JAMES W
STREET ADDRESS	4102 EMERSON ST
CITY-ST-ZIP	WILMINGTON, NC 28403
TITLE	MGRM
NAME	EJUPS, ALDIS
STREET ADDRESS	3500 SW CORPORATE PKWY
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	MGRM
NAME	SABIN, CHARLES H
STREET ADDRESS	3500 SW CORPORATE PKWY
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000696597
04/18/07-80005-006 55.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/2/07 910-792-5586