2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 12, 2007 08:00 A
Secretary of State

DOCUMENT # L04000008200

1. Entity Name
HWY. 29 STORAGE, L.L.C.

Principal Place of Business	Mailing Address
3289 HIGHWAY 29 SOUTH LABELLE, FL 33935	P.O. BOX 2703 LABELLE, FL 33975

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02082007 No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-1221015
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HENDRY, JOSEPH M II
606 W. SUGARLAND HIGHWAY
CLEWISTON, FL 33440

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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, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	FINKS, GLENN
STREET ADDRESS	479 LIVE OAK LN
CITY-ST-ZIP	LABELLE, FL 33935
TITLE	MGR
NAME	FINKS, GERI
STREET ADDRESS	479 LIVE OAK LN
CITY-ST-ZIP	LABELLE, FL 33935
TITLE	MGR
NAME	HANSHAW, TRACY
STREET ADDRESS	1055 FT.THOMPSON AVE
CITY-ST-ZIP	LABELLE, FL 33935
TITLE	MGR
NAME	HANSHAW, BONNIE
STREET ADDRESS	1055 FT. THOMPSON AVE
CITY-ST-ZIP	LABELLE, FL 33935
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/20/07-80064-017 50.00

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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: Bonnie Hanshaw Bonnie Hanshaw 2/8/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #