

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000008200

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

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

3289 HIGHWAY 29 SOUTH
LABELLE, FL 33935

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2703
LABELLE, FL 33975

New Mailing Address:

FEI Number: 20-1221015

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HENDRY, JOSEPH M II
606 W. SUGARLAND HIGHWAY
CLEWISTON, FL 33440 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: MGR () Delete
Name: FINKS, GLENN
Address: 479 LIVE OAK LN
City-St-Zip: LABELLE, FL 33935

Title: MGR () Delete
Name: FINKS, GERI
Address: 479 LIVE OAK LN
City-St-Zip: LABELLE, FL 33935

Title: MGR () Delete
Name: HANSHAW, TRACY
Address: 1055 FT. THOMPSON AVE
City-St-Zip: LABELLE, FL 33935

Title: MGR () Delete
Name: HANSHAW, BONNIE
Address: 1055 FT. THOMPSON AVE
City-St-Zip: LABELLE, FL 33935

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: BONNIE HANSHAW

MGR

04/29/2009

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