2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2006
Secretary of State

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Entity Name: ACE STOR-ALL, LLC

Current Principal Place of Business:

8235 WOODGROVE ROAD
JACKSONVILLE, FL 32256

New Principal Place of Business:

2951 LORETTO ROAD
JACKSONVILLE, FL 32223

Current Mailing Address:

8235 WOODGROVE ROAD
JACKSONVILLE, FL 32256

New Mailing Address:

5951 ARLINGTON EXPRESSWAY
JACKSONVILLE, FL 32211

FEI Number: 20-2742262 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CRAWFORD, JOHN R
1200 RIVERPLACE BLVD., SUITE 800
JACKSONVILLE, FL 32207 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: SESSIONS, JOHN
Address: 8235 WOODGROVE LANE
City-St-Zip: JACKSONVILLE, FL 32256

Title: MGR ( ) Delete
Name: SESSIONS, KEVIN
Address: 8235 WOODGROVE LANE
City-St-Zip: JACKSONVILLE, FL 32256

Title: MGR ( ) Delete
Name: JANES, ROBERT
Address: 5951 ARLINGTON EXPRESSWAY
City-St-Zip: JACKSONVILLE, FL 32211

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:

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: ROBERT S. JANES MGR 04/26/2006

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