2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000047780

Entity Name: LOC-N-STOR, LLC

FILED Apr 20, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

789 MIRACLE STRIP PARKWAY 789 MIRACLE STRIP PARKWAY EAST EAST MARY ESTHER, FL 32569

MARY ESTHER, FL 32569

Current Mailing Address: New Mailing Address:

789 MIRACLE STRIP PARKWAY 789 MIRACLE STRIP PARKWAY EAST

EAST MARY ESTHER, FL 32569 MARY ESTHER, FL 32569

FEI Number: 20-1483812 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WILLARD, GEORGE A WILLARD, GEORGE A

789 MIRACLE STRIP PARKWAY 789 MIRACLE STRIP PARKWAY EAST EAST MARY ESTHER, FL 32569 US MARY ESTHER, FL 32569

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: G.A.WILLARD 04/20/2006

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: () Change () Addition () Delete

WILLARD, GEORGE A MR Name: Name: Address: 789 MIRACLE STRIP PKWY. EAST Address: City-St-Zip: MARY ESTHER, FL 32569 US City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

Name: WILLARD, BARBARA J MS Name: Address: 789 MIRACLE STRIP PKWY EAST Address: City-St-Zip: MARY ESTHER, FL 32569 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: G.A.WILLARD 04/20/2006