2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000063613

1. Entity Name
STORAGE BIN 2, LLC

Principal Place of Business	Mailing Address
3740 BEACH BOULEVARD, SUITE 300 JACKSONVILLE, FL 32207	3740 BEACH BOULEVARD, SUITE 300 JACKSONVILLE, FL 32207

DO NOT WRITE IN THIS SPACE

03072007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
20-1540923	Not Applicable

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

6. Name and Address of Current Registered Agent

DEMETREE, JACK C
3740 BEACH BOULEVARD, SUITE 300
JACKSONVILLE, FL 32207

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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

U00000664753
03/22/07-80055-014 55.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	DEMETREE, JACK C
STREET ADDRESS	3740 BEACH BOULEVARD SUITE 300
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *Jack C. Demetree*   Jack C. Demetree   904-398-7350

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #