

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000067906

FILED
Mar 14, 2005
Secretary of State

Entity Name: GRISSOM STORAGE MANAGEMENT, LLC

Current Principal Place of Business:

66 NORTH ATLANTIC AVENUE
SUITE 205
COCOA BEACH, FL 32931

New Principal Place of Business:

Current Mailing Address:

66 NORTH ATLANTIC AVENUE
SUITE 205
COCOA BEACH, FL 32931

New Mailing Address:

FEI Number: 76-0781923

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCALES, JOSEPH R
66 NORTH ATLANTIC AVENUE
SUITE 205
COCOA BEACH, FL 32931 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/MEMBERS:

Title: MGRM () Delete
Name: SCALES, JOSEPH R
Address: 66 NORTH ATLANTIC AVENUE, SUITE 205
City-St-Zip: COCOA BEACH, FL 32931

Title: MGRM () Delete
Name: PRUITT, KEVIN S
Address: 57 COUNTRY CLUB ROAD
City-St-Zip: COCOA BEACH, FL 32931

Title: MGRM () Delete
Name: MADISON, PHILLIP
Address: 25 COUNTRY CLUB ROAD
City-St-Zip: COCOA BEACH, FL 32931

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 Section 119.07(3)(i), 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: JOSEPH R SCALES

MGR

03/14/2005

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