

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 24, 2007 8:00 am**  
**Secretary of State**

04-24-2007 90123 001 \*\*\*100.00

30005517



04112007 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT # L04000083306</b> 1. Entity Name <b>J B STORAGE, LLC</b>					
Principal Place of Business <b>400 SOUTH BAY ST BUNNELL, FL 32110</b>			Mailing Address <b>400 SOUTH BAY ST BUNNELL, FL 32110</b>		
2. Principal Place of Business - No P.O. Box # <b>800 N STATE ST</b> Suite, Apt. #, etc.		3. Mailing Address <b>P O. BOX 354768</b> Suite, Apt. #, etc.			
City & State <b>BUNNELL FL</b> Zip <b>32110</b>		City & State <b>PALM COAST FL</b> Zip <b>32135-4768</b>		4. FEI Number <b>20-1977139</b>	
Country <b>US</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GORNT0, L.A. JR, ESQ 149 S. RIDGEWOOD AVENUE, SUITE 550 DAYTONA BEACH, FL 32114</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR ROSS, DENNIS C 400 SOUTH BAY ST BUNNELL, FL 32110</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>PO BOX 354768 PALM COAST FL 32135-4768</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR TRAUSNECK, PAMELA G 400 SOUTH BAY ST BUNNELL, FL 32110</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>PO BOX 354768 PALM COAST FL 32135-4768</b>	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b>			<b>4/17/07</b> <b>386 437 7007</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		