


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 09, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L04000083306</b> 1. Entity Name <b>J B STORAGE, LLC</b>	
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Principal Place of Business <b>800 N STATE RD BUNNELL, FL 32110</b>	Mailing Address <b>PO BOX 354768 PALM COAST, FL 32135</b>
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**DO NOT WRITE IN THIS SPACE**



04072008 No Chg-LLC

CR2E083 (12/07)

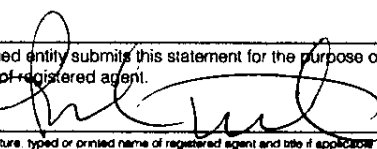
4. FEI Number <b>20-1977139</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**GORNT0, L.A. JR, ESQ  
149 S. RIDGEWOOD AVENUE, SUITE 550  
DAYTONA BEACH, FL 32114**

**DO NOT WRITE  
IN THIS SPACE**

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  DATE **4-7-08**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

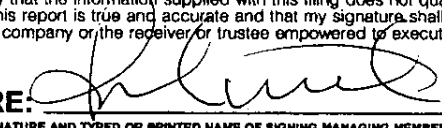
**00000083306**  
**04/22/08-00021-019 138.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR ROSS, DENNIS C PO BOX 354768 PALM COAST, FL 32135</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR TRAUSNECK, PAMELA G PO BOX 354768 PALM COAST, FL 32135</b>
TITLE NAME STREET ADDRESS 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  DATE **4-7-08** DAYTIME PHONE # **386 437-1007**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE