

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**

04-21-2005 90025 009 \*\*\*\*50.00

**DOCUMENT # L04000090396**

1. Entity Name  
**BIG TOY STORAGE, LLC**



Principal Place of Business  
**1314 PETRONIA STREET  
KEY WEST, FL 33040 US**

Mailing Address  
**1314 PETRONIA STREET  
KEY WEST, FL 33040 US**

**20039542**



2. Principal Place of Business

**US HIGHWAY 301 NORTH**

3. Mailing Address

**P.O. Box 55758**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04042005 Chg-LLC CR2E083 (10/03)

City & State

**THONOTASSAA, FL**

City & State

**ST. PETERSBURG, FL**

4. FEI Number

**20-2196701**

Applied For

Not Applicable

Zip  
**33592**

Country

**US**

Zip

**33732**

Country

**US**

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**CREECH, RUPERT G JR.  
1314 PETRONIA STREET  
KEY WEST, FL 33040**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

*[Signature]*  
Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-18-05**

**Filing Fee is \$50.00  
Due by May 1, 2005**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
CREECH, RUPERT G JR.  
1314 PETRONIA STREET  
KEY WEST, FL 33040** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
HARGRAVE, JAMES E  
4890 14TH STREET NE  
ST. PETERSBURG, FL 33703** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**4-18-05 757-742-9183**