




# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90049 037 \*\*\*\*50.00

<b>DOCUMENT # L05000072165</b> 1. Entity Name <b>MYNEIGHBORHOODSTORAGECENTER.COM, LLC</b>					
Principal Place of Business <del>310 WEST CENTRAL PARKWAY, SUITE 7000</del> <del>ALTAMONTE SPRINGS, FL 32714</del>			Mailing Address <del>310 WEST CENTRAL PARKWAY, SUITE 7000</del> <del>ALTAMONTE SPRINGS, FL 32714</del>		
2. Principal Place of Business  2200 LUCIEN WAY, STE 410 MAITLAND FL 32751		3. Mailing Address  2200 LUCIEN WAY, STE 410 MAITLAND FL 32751			
Zip 		Country 		4. FEI Number 04282006    Chg-LLC    CR2E083 (11/05)	
5. Certificate of Status Desired <input type="checkbox"/>		<input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>MIKKELSON, WM. MICHAEL</b> <del>310 WEST CENTRAL PARKWAY, SUITE 7000</del> <del>ALTAMONTE SPRINGS, FL 32714</del>			7. Name and Address of New Registered Agent Name 2200 LUCIEN WAY, STE 410    Acceptable) MAITLAND FL 32751 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, 2006</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	P <b>MIKKELSON, WM. MICHAEL</b> <input type="checkbox"/> Delete <del>310 WEST CENTRAL PARKWAY, SUITE 7000</del> <del>ALTAMONTE SPRINGS, FL 32714</del>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	2200 LUCIEN WAY, STE 410 <input type="checkbox"/> Change <input type="checkbox"/> Addition MAITLAND FL 32751	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP <b>PELSKI, BRIAN</b> <input type="checkbox"/> Delete <del>310 WEST CENTRAL PARKWAY, SUITE 7000</del> <del>ALTAMONTE SPRINGS, FL 32714</del>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	2200 LUCIEN WAY, STE 410 <input type="checkbox"/> Change <input type="checkbox"/> Addition MAITLAND FL 32751	
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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	
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> 			4/28/06    407-774-8818		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date    Daytime Phone #</small>		