2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000072165

1. Entity Name

MYNEIGHBORHOODSTORAGECENTER.COM, LLC



FILED Apr 30, 2007 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

2200 LUCIEN WAY

2200 LUCIEN WAY

SUITE 410 MAITLAND, FL 32751 SUITE 410 MATTLAND, FL 32751



04252007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MIKKELSON, WM. MICHAEL 2200 LUCIEN WAY SUITE 410 MAITLAND, FL 32751

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M10 H. I 404 AA		
Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
SIGNATURE		
the obligations of registered agent.		
 The above named entity submits this statement for the purpose of chair 	nging its registered office or registered agent, or both,	in the State of Florida. I am familiar with, and accept

Filing Fee is \$50.00 Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MIKKELSON, WM. MICHAEL 2200 LUCIEN WAY SUITE 410 MAITLAND, FL 32751	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PELSKI, BRIAN 2200 LUCIEN WAY SUITE 410 MAITLAND, FL 32751	
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11. I hereby certify that the information supplied with this filling 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: Mr. Miller Managing member. OR AUTHORIZED REPRESENTATIVE

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407-774-8818

Date

Daytime Phone #