


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 12, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90024 042 \*\*\*\*50.00

|  |  |  |   |   |  |
|--|--|--|---|---|--|
| <b>DOCUMENT # L05000084501</b><br>1. Entity Name<br><b>STOR UR STUFF, LLC</b>  |  |  |   |                                  |  |
| Principal Place of Business<br><b>866 SOUTH GOLDENROD RD.<br/>ORLANDO, FL 32822</b>  |  |  | Mailing Address<br><b>866 SOUTH GOLDENROD RD.<br/>ORLANDO, FL 32822</b> |   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.  |  |  | 3. Mailing Address<br>Suite, Apt. #, etc.                               |   |  |
| City & State   |  |  | City & State  |   |  |
| Zip  |  | Country  |   | Zip   |  |
| Country  |  | Country  |   | 4. FEE Number<br><b>20-35742-20</b>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |  |   | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required   |  |  |   | 04182006 Chg-LLC CR2E083 (11/05)  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>REEVES, CLARENCE T<br/>866 SOUTH GOLDENROD RD.<br/>ORLANDO, FL 32822</b>   |  |  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |  |
| 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.  |  |  |   | FL Zip Code   |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |  |  |   |   |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2006</b>  |  | <b>Make check payable to<br/>Florida Department of State</b> |   |   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |  |  | <b>10. ADDITIONS/CHANGES</b>  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>MGRM<br/>REEVES, CLARENCE T<br/>866 SOUTH GOLDENROD RD.<br/>ORLANDO, FL 32822</b> | <input type="checkbox"/> Delete                              |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>MGR<br/>CROSS, JASON<br/>138 BUNBY AVENUE<br/>ORLANDO, FL 32803</b>               | <input type="checkbox"/> Delete                              |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  | <input type="checkbox"/> Delete                              |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  | <input type="checkbox"/> Delete                              |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  | <input type="checkbox"/> Delete                              |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  | <input type="checkbox"/> Delete                              |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  | <input type="checkbox"/> Delete                              |   |   |  |
| 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> <u><i>Clarence T. Reeves</i></u> <span style="float: right;">4/24/06 (407) 282-9306</span><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |  |  |   |   |  |