

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90227 027 ****50.00

DOCUMENT # L05000122804	
1. Entity Name ALL STORAGE, LLC	

Principal Place of Business 1904 HIBISCUS DRIVE EDGEWATER, FL 32141 US	Mailing Address 450 WILDWOOD DRIVE NEW SMYRNA BEACH, FL 32168
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60032724

2. Principal Place of Business - No P.O. Box # 1904 HIBISCUS DR.	3. Mailing Address 450 WILDWOOD DR.
Suite, Apt. #, etc. EDGEWATER	Suite, Apt. #, etc.

City & State EDGEWATER, FL	City & State NEW SMYRNA BCH, FL
Zip 32141	Zip 32168
Country USA	Country USA



03102007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent BROWNING, JOHN R 1904 HIBISCUS DR EDGEWATER, FL 32141	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

4. FEI Number 20-4015824	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

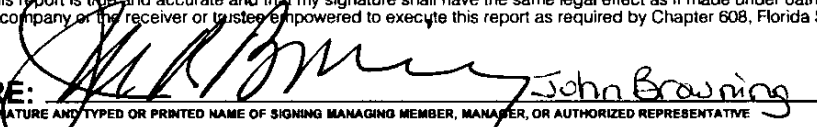
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BROWNING, JOHN R 450 WILDWOOD DRIVE NEW SMYRNA BEACH, FL 32168 <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
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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

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:  **John Browning** 3/16/07 386-427-8903
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #