


2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
**Jan 17, 2007 8:00 am**  
**Secretary of State**

01-17-2007 90012 023 \*\*\*\*50.00

<b>DOCUMENT # L06000004179</b> 1. Entity Name <b>4 STAR STORAGE, LLC</b>					
Principal Place of Business <b>9928 SR 64 EAST BRADENTON, FL 34212</b>			Mailing Address <b>POST OFFICE BOX 480 ELLENTON, FL 34222</b>		
2. Principal Place of Business - No P.O. Box # <b>3106 81st Court East</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>BRADENTON FL</b>		City & State			
Zip <b>34212</b>		Country <b>MANATEE</b>		Zip Country	
4. FEI Number <b>42-1690791</b>			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$5.00 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>SHACKELFORD, BRUCE E 9928 SR 64 EAST BRADENTON, FL 34212</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ (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			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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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: <u>Bruce E. Shackelford</u> <b>BRUCE E. SHACKELFORD</b> 1/9/07 941-725-1350					