## 2008 LIMITED LIABILITY COMPANY

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

## FILED **ANNUAL REPORT** Apr 21, 2008 08:00 A Secretary of State DOCUMENT # L06000009575 1. Entity Name MORGAN GRANT STORAGE, LLC Principal Place of Business Mailing Address **402 BROADWAY EAST 402 BROADWAY EAST** FORT MEADE, FL 33841 FORT MEADE, FL 33841 115 US 03282008No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 76-0815550 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SHAWN M. YESNER, P.L DO NOT WRITE 1902 WEST MAIN STREET TAMPA, FL 33607 IN THIS SPACE 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\_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 U000000911234 After May 1, 2008 Fee will be \$538.75 05/07/08-80032-007 138.75 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE NAME HAGSTROM, CARL J STREET ADDRESS 911 9TH ST. NE CITY-ST-ZIP FORT MEADE, FL 33841 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CHY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-7IP TITLE

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: Carl Magazian	4-17-08	863	285-2744
SIGNATURE AND TYPED OR PRINTED MAKE OF SIGNING MANAGING MEMBER, OR AUTHORIZ	ED REPRESENTATIVE	Date	Daytrne Phone #