2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
May 14, 2008 8:00 am
Secretary of State
05-14-2008 90079 043 ***143.75

DOCUMENT # L06000017435

1. Entity Name

LOCK AND LOAD PORTABLE STORAGE LLC

Principal Place of Business	Mailing Address
2920 RUNWAY ST. UNIT #2B NORTH FORT MYERS FL 33917 US	PO BOX 62122 FORT MYERS FL 33906-2122 US

1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
4516 DOUGLAS LN.	
Suite, Apt. #, etc.	Suite, Apt. #, etc
City & State: LEHIGH ACRES FL	City & State
Zip: 33973 Country: LEE	Zip Country

4. FEI Number 43-2098646 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BUCHMANN, THOMAS J
4516 DOUGLAS LN
LEHIGH ACRES FL 33971

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL 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 [signature] 4-26-08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008, Fee Will Be $538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BUCHMANN, THOMAS J		NAME		
STREET ADDRESS	4516 DOUGLAS LN		STREET ADDRESS		
CITY-ST-ZIP	LEHIGH ACRES FL 33971		CITY-ST-ZIP		
TITLE	MGR	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BUTLER, JAMES C		NAME		
STREET ADDRESS	2935 NW 13TH ST		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL 33993		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: [signature] 4-26-08 239-728-1927
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #