



**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 18, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000022605 1. Entity Name SR 52 STORAGE, LLC	
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Principal Place of Business 1038 BELCHER ROAD SOUTH LARGO, FL 33771	Mailing Address 1038 BELCHER ROAD SOUTH LARGO, FL 33771
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DO NOT WRITE IN THIS SPACE



01112008No Chg-LLC CR2E083 (12/07)

4. FEI Number 55-0916304	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LYONS, GARY W ESQUIRE
311 SOUTH MISSOURI AVENUE
CLEARWATER, FL 33756

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

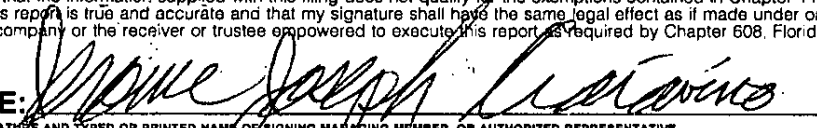
000000831220
02/27/08-80009-014 143.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CIARAVINO, ROBERT 1038 BELCHER ROAD SOUTH LARGO, FL 33771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CIARAVINO, JEROME J 1038 BELCHER RD SOUTH LARGO, FL 33771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST TWEED, CLAUDIA 1038 BELCHER RD SOUTH LARGO, FL 33771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:  1/15/08 725 532614

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #