

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000080362

FILED  
Apr 25, 2007  
Secretary of State

Entity Name: ISLAND STORAGE CENTER, LLC

**Current Principal Place of Business:**

4890 N COURTENAY PKWY  
MERRITT ISLAND, FL 32952

**New Principal Place of Business:**

**Current Mailing Address:**

610 ALBATROSS ST  
MERRITT ISLAND, FL 32952

**New Mailing Address:**

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LEWIS, RONALD  
610 ALBATROSS STREET  
MERRITT ISLAND, FL 32952 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LEWIS, RONALD  
Address: 610 ALBATROSS STREET  
City-St-Zip: MERRITT ISLAND, FL 32952

Title: MGR ( ) Delete  
Name: LEWIS, MAUREEN  
Address: 610 ALBATROSS STREET  
City-St-Zip: MERRITT ISLAND, FL 32952

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MAUREEN LEWIS

MGR

04/25/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date