2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 21, 2007
Secretary of State

DOCUMENT# L06000099914

Entity Name: HK STORAGE, LLC

Current Principal Place of Business:

4529 SAN LORENZO BLVD.
JACKSONVILLE, FL 32224

New Principal Place of Business:

190 SOUTH LOWDER STREET
MACCLENNY, FL 32063

Current Mailing Address:

4529 SAN LORENZO BLVD.
JACKSONVILLE, FL 32224

New Mailing Address:

FEI Number: 20-5716261 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HETSLER, ROBERT
4529 SAN LORENZO BLVD.
JACKSONVILLE, FL 32224 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: HETSLER, ROBERT
Address: 4529 SAN LORENZO BLVD.
City-St-Zip: JACKSONVILLE, FL 32224

Title: MGRM ( ) Delete
Name: SYLVESTRE, MICHAEL
Address: 173 20TH AVE. SOUTH
City-St-Zip: JACKSONVILLE BEACH, FL 32250

ADDITIONS/CHANGES:

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

Title: M (X) Change ( ) Addition
Name: SYLVESTRE, MICHAEL
Address: 173 20TH AVE. SOUTH
City-St-Zip: JACKSONVILLE BEACH, FL 32250

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: ROBERT HETSLER MGRM 05/21/2007

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