2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 19, 2008
Secretary of State

DOCUMENT# L06000114361

Entity Name: EDGEWOOD MINI STORAGE, LLC

Current Principal Place of Business:

1987 WOODLAKE DRIVE
ORANGE PARK, FL 32003

New Principal Place of Business:

Current Mailing Address:

2730 COLLEGE ST
JACKSONVILLE, FL 32205

New Mailing Address:

FEI Number: 20-5979920 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CARTER, VICKI ANN
1987 WOODLAKE DRIVE
ORANGE PARK, FL 32003 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: PD ( ) Delete
Name: CARTER, VICKI A
Address: 1987 WOODLAKE DR
City-St-Zip: ORANGE PARK, FL 32003

Title: S (X) Delete
Name: WALLER, L. ESTELLE
Address: 2730 COLLERGE ST
City-St-Zip: JACKSONVILLE, FL 32205

Title: T (X) Delete
Name: WALLER, L.ESTELLE
Address: 2730 COLLEGE ST
City-St-Zip: JACKSONVILLE, FL 32205

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: J. CARTER ENTERPRISE, S, LTD.
Address: 2730 COLLEGE STREET
City-St-Zip: JACKSONVILLE, FL 32205

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: VICKI ANN CARTER P 03/19/2008

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