


**FILE NOW: Fee after May 1, will be \$588.75**

APPROVED  
AND  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>FILING FEE</b> \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>	
1. Name and Mailing Address of Limited Liability Company  MABRY STORAGE, L.C. 2106 BISPHAM RD. SUITE B SARASOTA FL 34231		<b>DOCUMENT #L95000000580</b>	
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.		1a. Principal Place of Business Address  2106 BISPHAM RD. SUITE B SARASOTA FL 34231	
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip	2a. Mailing Address  Suite, Apt. #, etc.  City & State  Zip	3. Date Organized or Qualified  07/28/1995	3a. State of Formation  FL
		4. FEI Number  65-0583497	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		5. Date of Last Report  03/28/1996	6. Certificate of Status Desired  <input type="checkbox"/> Additional Fee Required
7. Name and Address of Current Registered Agent  PATTERSON, JOHN 46 N. WASHINGTON BLVD. SUITE 1 SARASOTA FL 34236		8. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable) 200002163122-9 -05/02/97--01051--003 Suite, Apt. #, etc. ****203.75 ****203.75  City FL Zip Code	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.			
SIGNATURE _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)		DATE _____	
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	1116304 ONTARIO INC.,	253 ROBINA RD.	ANCASTER, ONTARIO
MGRM	SACKVILLE HOLDINGS, IN	ONE FIRST CANADIAN PL., BO	TORONTO, ONTARIO
MGRM	100070 ONTARIO LIMITED	895 ST. CLAIR AVE. WEST, #	TORONTO, ONTARIO
MGRM	SANVIN, INC., ATTN. DO	33375 14TH AVE., UNIT 1	MARKHAM, ONTARIO
MGRM	JOHNSON, JOHN E	627 BUCHANAN ST.	DAVIS CA
MGRM	PARBIRDIE HOLDINGS, IN	4 HIGHLAND CRESCENT	TORONTO, ONTARIO
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.			
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date _____ Daytime Phone # _____	