2005 LIMITED LIABILITY COMPANY ___ANNUAL REPORT

FILED Feb 08, 2005 08:00 AM Secretary of State

1. Entity Nam MILLER S	STORAGE, L.L.C.	<u> </u>		Secretary of State
9718 W HWY PENSACOLA,		_Mailing Address 9718 W HWY 98 PENSACOLA, FL 32	2506	
	The state of the s		<u> </u>	
			·	02012005No Chg-LLC CR2E083 (10/03)
	O NOT WRITE	IN THIS	SPACE	4. FEI Number Applied For 59-3565910 Not Applied For
		<u></u>	Maria de de los desentos de los electros de la composición de la composición de la composición de la composición	5. Certificate of Status Desired See Required \$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent				
MILLER, MARYANN 1900 DUNLAP STREET PENSACOLA, FL 32507		DO NOT WRITE		
		·		IN THIS SPACE
				at the state of the part of the state of the
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 Squature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent agreture required when reinstating) OAIE				ed when renstating) DATE
Filing Fee is \$50.00 Due by May 1, 2005				
9.	MANAGING MEMBER	S/MANAGERS		<u> </u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILLER, MARY ANN 1900 DUNLAP STREET PENSACOLA, FL 32507			
TITLE	TEROACOLA, TE OZOO			
NAME STREET ADDRESS			ļ	
CITY-ST-ZIP TITLE	<u> </u>			
name Street address City-St-Zip			gyen skilos inga kara ka min anana.	DO NOT WRITE
TITLE NAME				IN THIS SPACE
STREET ADDRESS CITY-ST-ZIP]	
TITLE		<u> </u>		
NAME STREET ADDRESS CITY-ST-ZIP				Control of the Contro
TITLE	-			
NAME STREET ADDRESS				
11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3)(i). 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 trability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.				
SIGNATURE: DALCY SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Dayump Priorie #				