

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000005376

FILED
Apr 29, 2008
Secretary of State

Entity Name: AMERICAN STORAGE INNOVATIONS, L.L.C.

Current Principal Place of Business:

9550 PARKSOUTH CT
SUITE 300
ORLANDO, FL 32837

New Principal Place of Business:

Current Mailing Address:

9550 PARKSOUTH CT
SUITE 300
ORLANDO, FL 32837

New Mailing Address:

6039 CYPRESS GARDENS BLVD
#412
WINTER HAVEN, FL 33884

FEI Number: 59-3599534

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREENE, TIMOTHY J
9550 PARK SOUTH CT
SUITE 300
ORLANDO, FL 32837 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: GREENE, MICHAEL
Address: 4036 DORAL DR.
City-St-Zip: WINTER HAVEN, FL 33884

Title: MGRM () Delete
Name: GREENE, TIMOTHY
Address: 1341 MONTE LAKE DR.
City-St-Zip: VALRICO, FL 33594

Title: MGRM () Delete
Name: GREENE, JENNIFER B
Address: 4036 DORAL DRIVE
City-St-Zip: WINTER HAVEN, FL 33884

ADDITIONS/CHANGES:

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

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: JWH

ACCT

04/29/2008

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