2005 LIMITED LIABILITY COMPANY _ANNUAL REPORT

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DOCUMENT # M03000000600

1. Entity Name LINTON STORAGE, LLC

FILED Jul 25, 2005 08:00 AM **Secretary of State**

Principal Place of Business

C/O DARYL J. SIDLE 120 EAST BALTIMORE STREET, STE. 2100 BALTIMORE, MD 21202

Mailing Address

C/O DARYL J. SIDLE

120 EAST BALTIMORE STREET, STE. 2100

BALTIMORE, MD 21202



07192005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 06-1677830

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HALPERIN, ELANOR B ESQ 1400 CENTREPARK BLVD., STE. 1000 WEST PALM BEACH, FL 33401

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The above named entity submits this statement for the purpose of ct the obligations of registered agent.	hanging its registered office or registered agent, o	r both, in the S	tate of Florida. I am familiar	with, and accept
SIGNATURE		<u>.</u>		
Signature, typed or printed name of registered agent and title if applicable.	(NOTE_Registered Agent signature required when reinstating	g) , ,.	DATE	
Filing Fee is \$50.00 Due by September 7, 2005				

MANAGING MEMBERS/MANAGERS MGRM TITLE PECHTER, JEFFREY E NAME 751 PARK OF COMMERCE DRIVE, STE. 128 STREET ADDRESS BOCA RATON, FL 33487 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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11. I 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 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 received trustee empowered to execute this report as required by Chapter 608, Florida Statutes. timited liability company or the received

SIGNATURE:

CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP