2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 22, 2006 8:00 am Secretary of State

DOCUMENT # M0300000600 1. Entity Name LINTON STORAGE, LLC					03-22-2006 90292 024 ****55.00			
Principal Plac		Mailing Address						
C/O DARYL J. SIDLE 120 EAST BALTIMORE STREET, STE. 2100 BALTIMORE, MD 21202		C/O DARYL J. SIDLE 120 East Baltimore Street, Ste. 2100 Baltimore, MD 21202			[\$188 88 88	: 16:01 F8:01 F8:01 F1:11 S8:01 F1		
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03062006	Chg-LLC	CR2E083 (11/05)		
City & State		City & State		4. FEI Number 06-1677			oplied For ot Applicable	
Zip	Country	Zip	Country	ntrv		of Status Desired	□ \$5.00 Add Fee Require	
	6. Name and Address of Current F	Registered Agent	Na	ime I	7. Name and	Address of New Ro	egistered Agent	<u>, </u>
HALPERIN, ELANOR B ESQ 1400 CENTREPARK BLVD., STE. 1000				eet Address (r is Not Acceptable	mar E	<u> </u>
WEST PAI	LM BEACH, FL 33401			150	E Pal	nieto P	K Rd +	, 1 750
			City	BOC	Rotor	`	FL Zip Cod	e 27
8. The above	named entity submits this statement for	the purpose of changing its r	registered offi	lice or register	ed agent, or both	n, in the State of Flo		and accept
SIGNATURE .	ions of registered agent. Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE:	: Registered Agent	t signature required	when reinstating)	3/6/	, D.C.	
Filing Fee is \$50.00 Due by May 1, 2006								
Fi D:	iling Fee is \$50.00 ue by May 1, 2006			or .			check payable to Department of Stat	e
Fi De	iling Fee is \$50.00 ue by May 1, 2006 MANAGING MEMBER	RS/MANAGERS	10.	27			Department of Stat	e
9.	we by May 1, 2006 MANAGING MEMBER MGRM	RS/MANAGERS	10.	27		Florida	Department of Stat	e ☐ Addition
9.	ue by May 1, 2006 MANAGING MEMBEF	☐ Delete	10.	PRESS		Florida	Department of Stat	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBER MGRM PECHTER, JEFFREY E 751 PARK OF COMMERCE DRIV	☐ Delete	10. TITLE NAME STREET ADDI CITY-ST-ZIF	PRESS		Florida	Department of Stat	
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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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE