2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # M03000002495

IMPORT & STORAGE SERVICES LLC



FILED Jan 20, 2004 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

808 ANCHOR RODE DRIVE NAPLES, FL 34103

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01072004 No Chg-LLC

CR2E083 (10/03)

4.	FEI Number	
22-3696224		

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

Daytime Phone ≠

6. Name and Address of Current Registered Agent

BUCHANAN, MERCEDES 555 PARK SHORE DRIVE NAPLES, FL 34103

the obligations of registered agent.

SIGNATURE:

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SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstance) 1/16/260 4 OATE				
Filing Fee is \$50.00 Due by May 1, 2004				
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BUCHANAN, MERCEDES 808 ANCHOR RODE DRIVE NAPLES, FL 34103	U00000008434 01/20/04-80062-016 50.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY+ST-ZIP		DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY+ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.				

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

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