

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**DOCUMENT # M03000004025**

1. Entity Name  
LONGWOOD STOR-IT, LLC



Principal Place of Business  
% WOODBURN AND WEDGE  
6100 NEIL ROAD, SUITE 500  
RENO, NV 89511-1149

Mailing Address  
% WOODBURN AND WEDGE  
6100 NEIL ROAD, SUITE 500  
RENO, NV 89511-1149

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90422 044 \*\*\*\*50.00

20010781



01052006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-0392922

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

WEBB, RICHARD S IV ESQ  
2033 MAIN STREET SUITE 600  
SARASOTA, FL 34237

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGR  
NAME WILLIAMS, DALE A  
STREET ADDRESS % WOODBURN AND WEDGE, 6100 NEIL ROAD, #500  
CITY-ST-ZIP RENO, NV 895111149

TITLE MGR  
NAME BRENNING, LORI  
STREET ADDRESS % WOODBURN AND WEDGE, 6100 NEIL ROAD, #500  
CITY-ST-ZIP RENO, NV 895111149

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

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

2/17/06 916-989-2800  
Date Daytime Phone #