


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 19, 2007 08:00 AM
Secretary of State

DOCUMENT # M03000004025 1. Entity Name LONGWOOD STOR-IT, LLC	
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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
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04122007 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 <input type="checkbox"/>	\$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, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILLIAMS, DALE A % WOODBURN AND WEDGE, 6100 NEIL ROAD, #500 RENO, NV 895111149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRENNING, LORI % WOODBURN AND WEDGE, 6100 NEIL ROAD, #500 RENO, NV 895111149
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05/01/07-80016-008 50.00

**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: _____

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

Date

Daytime Phone #

Lori Brenning 4-16-07 916-989-2800