

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000006261

Entity Name: A-A-A STORAGE, LLC

FILED
May 07, 2007
Secretary of State

Current Principal Place of Business:

4203 SPINNAKER COVE
AUSTIN, TX 78331

New Principal Place of Business:

4203 SPINNAKER COVE
AUSTIN, TX 78731

Current Mailing Address:

4203 SPINNAKER COVE
AUSTIN, TX 78331

New Mailing Address:

4203 SPINNAKER COVE
AUSTIN, TX 78731

FEI Number: 74-2726825 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

MUHICH, JOHN S
995 N HWY 27
MINNEOLA, FL 34715 US

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.

SIGNATURE: JOHN S MUHICH

05/07/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MUHICH, JOHN
Address: 4203 SPINNAKER COVE
City-St-Zip: AUSTIN, TX 78731

Title: MGR () Delete
Name: BURSK, ANDREW
Address: 4203 SPINNAKER COVE
City-St-Zip: AUSTIN, TX 78731

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ANDREW BURSK

MGR

05/07/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date