2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M05000006261

1. Entity Name
A-A-A STORAGE, LLC

Principal Place of Business	Mailing Address
4203 SPINNAKER COVE AUSTIN, TX 78731	4203 SPINNAKER COVE AUSTIN, TX 78731

DO NOT WRITE IN THIS SPACE

02182008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number 74-2726825		Applied For Not Applicable
5. Certificate of Status Desired ☐		**$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	MUHICH, JOHN
STREET ADDRESS	4203 SPINNAKER COVE
CITY-ST-ZIP	AUSTIN, TX 78731
TITLE	MGR
NAME	BURSK, ANDREW
STREET ADDRESS	4203 SPINNAKER COVE
CITY-ST-ZIP	AUSTIN, TX 78731
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/29/08-80012-005 138.75

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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: _____ ANDREW BURSK   2/19/08   512-211-5789

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #