

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 22, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # M05000006261**

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



Principal Place of Business  
**4203 SPINNAKER COVE  
AUSTIN, TX 78731**

Mailing Address  
**4203 SPINNAKER COVE  
AUSTIN, TX 78731**



02182008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

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	

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CITY-ST-ZIP	

U00000834873  
02/29/08-80012-005 138.75

**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:** *Andrew Bursk* **ANDREW BURSK**

*2/19/08*  
**2/19/08**

*512-211-5789*  
**512-211-5789**

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

Date

Daytime Phone #