

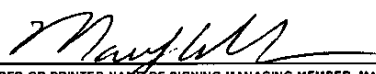


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 28, 2008 8:00 am**  
**Secretary of State**

05-28-2008 90138 041 \*\*\*138.75

<b>DOCUMENT # M06000006783</b> 1. Entity Name <b>LAKELAND STORAGE LLC</b>					
Principal Place of Business <b>13000 W. ROCKLAND ROAD LAKE BLUFF, IL 60044</b>			Mailing Address <b>13000 W. ROCKLAND ROAD LAKE BLUFF, IL 60044</b>		
2. Principal Place of Business - No P.O. Box # <b>624 ROBIN ROAD</b>		3. Mailing Address <b>13528 BOULTON BLVD.</b>		 <b>50006010</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>LAKELAND, FL</b>		City & State <b>LAKE FOREST, IL</b>		4. FEI Number <b>20-5970648</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
Zip <b>33803</b>		Zip <b>60045</b>			
Country <b>USA</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code					
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR LAKELAND VENTURE LLC 13000 W. ROCKLAND ROAD LAKE BLUFF, IL 60044</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.					
<b>SIGNATURE:</b> 		<b>MARTIN J. GALLAGHER</b> <b>PRESIDENT</b> 4/24/08 847-235-8911			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #			