


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-28-2008 90138 040 ***138.75

DOCUMENT # M06000006784	
1. Entity Name NEW TAMPA STORAGE LLC	

Principal Place of Business 13000 WEST ROCKLAND ROAD LAKE BLUFF, IL 60044	Mailing Address 13000 WEST ROCKLAND ROAD LAKE BLUFF, IL 60044
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50006011

2. Principal Place of Business - No P.O. Box # 19390 BRUCE B. DOWNS BLVD.	3. Mailing Address 13528 BOWLTON BLVD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State TAMPA, FL	City & State LAKE FOREST, IL
Zip 33647	Zip 60045
Country USA	Country USA



04242008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-5970652	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR NEW TAMPA VENTURE LLC 13000 WEST ROCKLAND ROAD LAKE BLUFF, IL 60044 <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.

SIGNATURE: Martin J. Gallagher **MARTIN J. GALLAGHER** **PRESIDENT** 4/28/08 847-235-8911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #