


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-28-2008 90138 037 ***138.75

DOCUMENT # M06000006786

1. Entity Name
SPRING HILL STORAGE LLC



Principal Place of Business
**13000 W. ROCKLAND ROAD
 LAKE BLUFF, IL 60044**

Mailing Address
**13000 W. ROCKLAND ROAD
 LAKE BLUFF, IL 60044**

50006014

2. Principal Place of Business - No P.O. Box #
3300 BARELAY ROAD

3. Mailing Address
13528 BOULTON BLVD.

Suite, Apt. #, etc.



04242008 Chg-LLC CR2E083 (12/06)

City & State
SPRING HILL, FL

City & State
LAKE FOREST, IL

Zip
34609 Country
USA

Zip
60045 Country
USA

4. FEI Number
20-5970653

Applied For
 Not Applicable

5. Certificate of Status Desired **\$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

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 resigning) DATE _____

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

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MTRM SPRING HILL VENTURE LLC 13000 W. ROCKLAND ROAD LAKE BLUFF, IL 60044 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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** 4/28/08 847-235-8911
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, PRESIDENT, OR REPRESENTATIVE Date Daytime Phone #