File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FILED FILED SECRETARY OF STATE			
ANNUAL REPORT 1998 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			SECRETARY OF STATE DIVISION OF CORPORATIONS
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee			98 FEB 26 PM 1:45
\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE 1. Name and Mailing Address of Limited Liability Company DOCUMENT # M9700000874			₩3/3
ORANGE STORAGE, LLC			pal Place of Business Address
2002 RICHARD JONES ROAD, SUITE C-105 NASHVILLE TN 37215			RICHARD JONES ROAD, SUI WILLE TN 37215
2. Principal Place of Business	P.O. Box 15	8385 3. Date C	Organized or Qualified 3a. State of Formation
Suite, Apl. #, etc.	Suite, Apt. #, etc.	12/2 4. FEI No	22/1997 TN umber Applied For
City & State	City & State Nashwille,		Not Applicable Last Report 6. Certificate of Status Desired
Zip Country	37215 Count	J.S.A.	\$8.75 Additional Fre Required
7. Name and Address of Current Registered Agent Rame			Address of New Registered Agent/Office
BUILDER, J. LINDSAY J GRAHAM CLARK JONES BUI	LDER PRATT & M	Street Address (P.O. Box Nu	imber is Not Acceptable)
369 NORTH NEW YORK AVENUE, THIRD FLO WINTER PARK FL 32790		Suite, Apt. #, etc.	
		City	Zip Code
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.			
SIGNATURE			
44	Post Desired		City, State and Zip Code
MGRM JOHNSON, SAMUEL L	III 2002 RICH	ard jones roal	o, S NASHVILLE TN
			4000024474849 -03/05/9801005015 ****188.75 ****188.75
11 I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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 trusted empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.			
SIGNATURE: 4	DOR PHINTLD NAME OF SIGNING MANAGING	- MENDED OD MANAGER	(615) 2/23/98 385-4946 Date Davine Phone

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