2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2004 08:00 AM
Secretary of State

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1. Entity Name
PUGH FAMILY LIMITED LIABILITY COMPANY

Principal Place of Business	Mailing Address
C/O STORAGE INN OF PENSACOLA 121 NEW WARRINGTON ROAD PENSACOLA, FL 32506	C/O STORAGE INN OF PENSACOLA 121 NEW WARRINGTON ROAD PENSACOLA, FL 32506

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03092004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
59-3552384

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MCARTHUR, DEBORAH ANN
3888 PARADISE BAY DRIVE
GULF BREEZE, FL 32561

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable *(NOTE: Registered Agent signature required when reinstating)*

Filing Fee is $50.00
Due by May 1, 2004

U00000102063
04/02/04-80038-025 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	PUGH, RONALD C
STREET ADDRESS	31216 WOODLAND WAY
CITY-ST-ZIP	SPANISH FORT, AL 36527
TITLE	MGRM
NAME	MCARTHUR, DEVAN
STREET ADDRESS	3888 PARADISE BAY DR
CITY-ST-ZIP	GULF BREEZE, FL 32561
TITLE	MGRM
NAME	LABRATO, AMBER
STREET ADDRESS	3888 PARADISE BAY DR
CITY-ST-ZIP	GULF BREEZE, FL 32561
TITLE	MGRM
NAME	PUGH, JAMES R JR
STREET ADDRESS	5716 BAY FOREST DR
CITY-ST-ZIP	PENSACOLA, FL 32526
TITLE	MGRM
NAME	PUGH, JOYCE A
STREET ADDRESS	5716 BAY FOREST DR
CITY-ST-ZIP	PENSACOLA, FL 32526
TITLE	MGRM
NAME	PUGH, JAMES R III
STREET ADDRESS	5716 BAY FOREST DR
CITY-ST-ZIP	PENSACOLA, FL 32526

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11. I 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 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: Ron Pugh 3-30-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #