

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2006 08:00 AM
Secretary of State

DOCUMENT # L98000003440 1. Entity Name PUGH FAMILY LIMITED LIABILITY COMPANY	
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Principal Place of Business C/O STORAGE INN OF PENSACOLA 121 NEW WARRINGTON ROAD PENSACOLA, FL 32506	Mailing Address C/O STORAGE INN OF PENSACOLA 121 NEW WARRINGTON ROAD PENSACOLA, FL 32506
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03142006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3552384	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent MCARTHUR, DEBORAH ANN 3888 PARADISE BAY DRIVE GULF BREEZE, FL 32561
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**DO NOT WRITE
IN THIS SPACE**

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

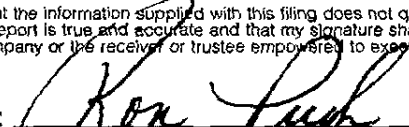
**Filing Fee is \$50.00
Due by May 1, 2006**

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

1100000491608
04/19/06-80030-004 50.00

**DO NOT WRITE
IN THIS SPACE**

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3-27-06

Date

Daytime Phone #