


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 10, 2004 08:00 AM
Secretary of State

DOCUMENT # M01000001457	
1. Entity Name EVEREST STORAGE MANAGER II, LLC	

Principal Place of Business 155 N. LAKE AVE. #1000 PASADENA, CA 91101	Mailing Address 155 N. LAKE AVE. #1000 PASADENA, CA 91101
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DO NOT WRITE IN THIS SPACE



01152004No Chg-LLC CR2E083 (10/03)

4. FEI Number 95-4763728	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent LEXISNEXIS DOCUMENT SOLUTIONS INC. 1201 HAYS STREET TALLAHASSEE, FL 32301	DO NOT WRITE IN THIS SPACE
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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 _____

Filing Fee is \$50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KOHORST, W.ROBERT 155 N. LAKE AVE., #1000 PASADENA, CA 91101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BECKMANN, CARL D 155 N. LAKE AVE., #1000 PASADENA, CA 91101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EVEREST STORAGE HOLDINGS, LLC 155 N. LAKE AVE. #1000 PASADENA, CA 91101
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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)(f), 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: DAVID I. LESSER, V.P. DATE: _____ DAYTIME PHONE #: 026-585-5920

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