


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

**DOCUMENT # M99000001510**

1. Entity Name  
**EVEREST STORAGE II, LLC**



Principal Place of Business <b>155 N. LAKE AVE., #1000          PASADENA, CA 91101</b>	Mailing Address <b>155 N. LAKE AVE., #1000          PASADENA, CA 91101</b>
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01152004 No Chg-LLC CR2E083 (10/03)

4. FEI Number <b>95-4737208</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> 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**

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 reinstating) DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EVEREST STORAGE MANAGER II, LLC 199 S LOS ROBLES AVE., SUITE 440 PASADENA, CA 91101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EVEREST STORAGE MANGER, LLC 155 N. LAKE AVE., #1000 PASADENA, CA 81101
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 02/11/04-80040-008 55.00

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:** David J. Lessek **EVEREST STORAGE MANAGER II, LLC** **DAVID J. LESSEK, V.P.** **02-05-2004**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #