


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # M99000001510

1. Entity Name
 EVEREST STORAGE II, LLC



Principal Place of Business 199 S. LOS ROBLES AVE. SUITE 200 PASADENA, CA 91101	Mailing Address 199 S. LOS ROBLES AVE. SUITE 200 PASADENA, CA 91101
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DO NOT WRITE IN THIS SPACE



03062007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 95-4737208	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

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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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, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EVEREST STORAGE MANAGER II, LLC 199 S LOS ROBLES AVE., SUITE 200 PASADENA, CA 91101
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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.

EVEREST STORAGE MANAGER II, LLC, MANAGER

SIGNATURE: W.K.I. CHRISTOPHER K. DAVIS VP & G.C. 3/6/07 626.585-5920

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #