

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2003 8:00 am
Secretary of State

03-18-2003 90150 001 ****50.00

DOCUMENT # M99000001510

1. Entity Name

EVEREST STORAGE II, LLC



Principal Place of Business

199 S LOS ROBLES AVE., SUITE 440
PASADENA CA 91101

Mailing Address

199 S LOS ROBLES AVE., SUITE 440
PASADENA CA 91101

2. Principal Place of Business

155 N. Lake Ave

3. Mailing Address

155 N. Lake Ave.

Suite, Apt. #, etc.

#1000

Suite, Apt. #, etc.

#1000

City & State

Pasadena, CA

City & State

Pasadena, CA

Zip

91101

Country

U.S.A.

Zip

91101

Country

U.S.A.

4. FEI Number

95-4737208

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**LEXISNEXIS DOCUMENT SOLUTIONS INC.
3953 W.W. KELLEY ROAD
TALLAHASSEE FL 32311**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	MGR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVEREST STORAGE MANAGER II, LLC	NAME	EVEREST STORAGE MANAGER II, LLC
STREET ADDRESS	199 S LOS ROBLES AVE., SUITE 440	STREET ADDRESS	155 N. LAKE AVE, #1000
CITY-ST-ZIP	PASADENA CA 91101	CITY-ST-ZIP	Pasadena, CA 91101
TITLE	MGR <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	APARTMENT INVESTMENT & MANAGEMENT CO	NAME	
STREET ADDRESS	7284 W PALMETTO PARK RD, STE 110	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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.

EVEREST STORAGE MANAGER II, LLC

SIGNATURE:

Carl Beckmann **Carl Beckmann, President** 3.13.03 626.585.5920

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

Date

Daytime Phone #

CR2E083 (10/02)