

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L00000006836

1. Entity Name
BLUE RIDGE CLIMATIZED SELF STORAGE, LLC



FILED
Feb 20, 2004 08:00 AM
Secretary of State

Principal Place of Business
1610 SOUTH EIGHTH ST
FERNANDINA BEACH, FL 32034

Mailing Address
1610 SOUTH EIGHTH ST
FERNANDINA BEACH, FL 32034



01292004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3651530

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MILLER, DAVID F SR
1610 SOUTH EIGHTH ST
FERNANDINA BEACH, FL 32034

**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	P
NAME	MILLER, DAVID F JR
STREET ADDRESS	42 MARSH CREEK RD
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034
TITLE	V
NAME	BEAVERS, RICHARD B
STREET ADDRESS	803 GROVESMERE LOOP
CITY-ST-ZIP	ORLANDO, FL 34761
TITLE	V
NAME	HALE, JOHN
STREET ADDRESS	P.O. BOX 2372
CITY-ST-ZIP	CASHIERS, NC 28717
TITLE	ST
NAME	MILLER, DAVID F SR
STREET ADDRESS	1610 S EIGHTH STREET
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000059396
02/20/04-80080-004 50.00

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IN THIS SPACE**

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 F. Miller Jr.

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

2/12/04

Date

904-277-6727

Daytime Phone #