


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 18, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000006836 1. Entity Name BLUE RIDGE CLIMATIZED SELF STORAGE, LLC	
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Principal Place of Business 1610 SOUTH EIGHTH ST FERNANDINA BEACH, FL 32034	Mailing Address 1610 SOUTH EIGHTH ST FERNANDINA BEACH, FL 32034
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DO NOT WRITE IN THIS SPACE



01112005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-3651530	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 MILLER, DAVID F SR 1610 SOUTH EIGHTH ST FERNANDINA BEACH, FL 32034	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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when renoting)	DATE _____
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**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILLER, DAVID F JR 42 MARSH CREEK RD FERNANDINA BEACH, FL 32034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BEAVERS, RICHARD B 803 GROVESMERE LOOP ORLANDO, FL 34761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HALE, JOHN P.O. BOX 2372 CASHIERS, NC 28717
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MILLER, DAVID F SR 1610 S EIGHTH STREET FERNANDINA BEACH, FL 32034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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02/18/05-80035-018 50.00

**DO NOT WRITE
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:

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

Date

Daytime Phone #

2/10/05

904-277-6727