2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L0000006836

Address:

City-St-Zip:

Entity Name: BLUE RIDGE CLIMATIZED SELF STORAGE, LLC

FILED Feb 04, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1610 SOUTH EIGHTH ST FERNANDINA BEACH, FL 32034 **Current Mailing Address: New Mailing Address:** 1610 SOUTH EIGHTH ST FERNANDINA BEACH, FL 32034 FEI Number: 59-3651530 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MILLER, DAVID F SR 1610 SOUTH EIGHTH ST FERNANDINA BEACH, FL 32034 US 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. SIGNATURE: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Delete (X) Change () Addition MILLER, DAVID F JR DF MILLER INVESTMENT, S, INC Name: Name: 42 MARSH CREEK RD Address: 1610 SOUTH 8TH STREET Address: City-St-Zip: FERNANDINA BEACH, FL 32034 City-St-Zip: FERNANDINA BEACH, FL 32034 Title: () Delete Title: MGRM (X) Change () Addition BEAVERS, RICHARD B Name: AMELIA SERVICE CENTE, R, INC Name: Address: 803 GROVESMERE LOOP Address: 1610 SOUTH 8TH STREET City-St-Zip: ORLANDO, FL 34761 City-St-Zip: FERNANDINA BEACH, FL 32034 () Delete Title: Title: MGRM (X) Change () Addition HALE, JOHN DF MILLER LEASING CO, MPANY, INC Name: Name: P.O. BOX 2372 Address: Address: 1610 SOUTH 8TH STREET City-St-Zip: CASHIERS, NC 28717 City-St-Zip: FERNANDINA BEACH, FL 32034 Title: ST () Delete Title: MGRM (X) Change () Addition CLIMATIZED DEVELOPME, NT OCOEE LLC Name: MILLER, DAVID F SR Name: Address: 1610 S EIGHTH STREET Address: 1610 S EIGHTH STREET City-St-Zip: FERNANDINA BEACH, FL 32034 City-St-Zip: FERNANDINA BEACH, FL 32034 Title: () Delete Title: MGRM () Change (X) Addition GRILLI, MICHAEL R Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

Address:

City-St-Zip:

PO BOX 485 CASHIERS, NC 28717

SIGNATURE: DAVID F MILLER MGRM 02/04/2009