

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 25, 2007 08:00 AM
Secretary of State

DOCUMENT # L00000010013

1. Entity Name

BEULAH SELF STORAGE, L.L.C.



Principal Place of Business

5991 W. 9 MILE ROAD
PENSACOLA FL 32526

Mailing Address

5991 W. 9 MILE ROAD
PENSACOLA FL 32526



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/06)

4. FEI Number

59-3683566

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PASSAUR, JOHN G
5991 W. 9 MILE ROAD
PENSACOLA FL 32526

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 re-registering)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	☐ Delete
NAME	PASSAUR, JOHN G	
STREET ADDRESS	5991 W. 9 MILE ROAD	
CITY - ST - ZIP	PENSACOLA FL 32526	
TITLE	MGR	☐ Delete
NAME	PASSAUR, RICHARD P	
STREET ADDRESS	5991 W. 9 MILE ROAD	
CITY - ST - ZIP	PENSACOLA FL 32526	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

10. ADDITIONS/CHANGES

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000603710
01/29/07-80024-010 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

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

1-22-07 650-941-0303
Date Daytime Phone #