2006 LIMITED LIABILITY COMPANY

ANNUAL REPORT DOCUMENT # L01000021192 1. Entity Name PUBLIC STORAGE BIRD EAST, LLC Principal Place of Business Mailing Address % PUBLIC STORAGE, INC. % PUBLIC STORAGE, INC. 701 WESTERN AVENUE 701 WESTERN AVENUE GLENDALE, CA 91201 GLENDALE, CA 91201

FILED Apr 24, 2006 08:00 AN Secretary of State

Fee Required



04182006 No Chg-LLC	CR2E083 (11/05)	
4. FEI Number		Applied For
<u>65-1</u> 158131		Not Applicab
5. Certificate of Status Desired	☐ \$5.00 Additional	

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTON, FL 33331

the obligations of registered agent.

SIGNATURE: 古

DO NOT WRITE IN THIS SPACE

SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE	
Fi D	iling Fee is \$50.00 ue by May 1, 2006			
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS GITY-ST-ZIP	MGRM PS HKBF, LLC % 701 WESTERN AVENUE GLENDALE, CA 91201		02\02\02-40031-00+ 40-00 100000023[13]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			M. A. J. J. J. J. J. J. S.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		H v v v v v v v v v v v v v v v v v v v	e e e e e e e e e e e e e e e e e e e	
11. I hereby indicated limited lia	certify that the information supplied with this filing does not on this report is true and accurate and that my signature of bility company or the receiver or trustee empowered to execute the company or the receiver or trustee empowered to execute the content of the content o	qualify for the exemptions contained in Chapter all have the same legal effect as if made under cute this report as required by Chapter 608, Flor	119, Florida Statutes. I further certify that the information oath; that I am a managing member or manager of the ida Statutes.	

VP Corp General

Drew Adams

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

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