2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

STREET ADDRESS
CITY-ST-ZP
TITLE
MAME
STREET ADDRESS
CITY-ST-ZP

Feb 03, 2004 08:00 AM Secretary of State DOCUMENT # L02000009587 BEACHSIDE STORAGE LLC Principal Place of Business · · · Mailing Address 231 CARDINAL DRIVE PO BOX 2180 ORMOND BEACH, FL 32176 ORMOND BEACH, FL .32175 01192004 No Chg-LLC, CR2E083 (10/03) DO NOT WRITE IN THIS SPACE. 4. FEI Number Applied For 02-0640997 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BUDIANSKY, MARK H DO NOT WRITE 1774 JOHN ANDERSON DRIVE .. ORMOND BEACH, FL 32176 IN THIS SPACE 3. 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, ve espekcable. ecustered egent an Filing Fee is \$50.00 Due by May 1, 2004 와. MANAGING MEMBERS/MANAGERS --MGRM THE NAME BUDIANSKY, MARK STREET ADORESS 1774 JOHN ANDERSON DR U00000033921 CRY-ST-ZP ORMOND BEACH, FL 32176 02/05/04-80063-004 50.00 MGRM' THE EVERETT, SANDY MAME STREET ADDRESS 1774 JOHN ANDERSON DR... CRY-SI-ZIP ORMOND BEACH, FL 32176 TITLE NAME STREET ADDRESS DO NOT WRITE CATY-ST-ZIP RRE IN THIS SPACE NAME STREET ADDRESS GIY-51-79 3388 NAME

FILED

11. Thereby certify that the information supplied with this filling 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 employered to execute this report as required by Chapter 808, Florida Statutes:

SIGNATURE: Wall budian MARK H. Budiansky 353-8565
SIGNATURE AND TYPED OR FRENTED NAME OF SIGNAG WARRIER, OR ALTRICRIZED REPRESENTATIVE COLOR CONTROL OF SIGNAGE WARRIER OF ALTRICRIZED REPRESENTATIVE COLOR CONTROL OF SIGNAGE WARRIER OF ALTRICRIZED REPRESENTATIVE