

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 21, 2006 8:00 am**  
**Secretary of State**

02-21-2006 90179 014 \*\*\*\*50.00

<b>DOCUMENT # L04000078167</b>					
<b>1. Entity Name</b> BOX-N-SHIP, LLC					
<b>Principal Place of Business</b> C/O U STO IT MINI STORAGE 3725 S. US 1 HIGHWAY EDGEWATER, FL 32141 US			<b>Mailing Address</b> P.O. BOX 1261 ALAMO, CA 94507 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 20-1805469	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  EDGE GATE, LLC 3725 S. US 1 HIGHWAY EDGEWATER, FL 32141			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGRM THOMAS & ANDREA VARDELL LIVING TRUST 875 SUNNYBROOK WAY PLEASANTON, CA 94566		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGRM Vardell Living Trust 5516 Eaglebrook Circle Dublin, CA 94568	
Delete			Change	Addition	
Delete			Change	Addition	
Delete			Change	Addition	
Delete			Change	Addition	
Delete			Change	Addition	
<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.</b>					
<b>SIGNATURE:</b> <i>Thomas A. Vardell</i>			Date: 2/7/06		
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone # 925-465-4625		

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