

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000121461

FILED  
Jan 23, 2012  
Secretary of State

**Entity Name:** HIGH AND DRY SELF STORAGE, LLC

**Current Principal Place of Business:**

550 S. HOLMES BLVD.  
ST. AUGUSTINE, FL 32084

**New Principal Place of Business:**

**Current Mailing Address:**

670 A1A BEACH BLVD  
SUITE A  
ST. AUGUSTINE, FL 32080

**New Mailing Address:**

**FEI Number:** 27-4112557      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DAVENPORT, GARY B  
670 A1A BEACH BLVD.  
UNIT B  
ST. AUGUSTINE, FL 32080 US

**Name and Address of New Registered Agent:**

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:**

Title: MGRM  
Name: BLACKFORD, FRANCESKA  
Address: 670 A1A BEACH BLVD., UNIT A  
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: MGRM  
Name: NOCK, JOHN D IV  
Address: P.O. DRAWER 3227  
City-St-Zip: ST. AUGUSTINE, FL 32085

Title: MGRM  
Name: NOCK, AXEL JUSTICE  
Address: P.O. DRAWER 3227  
City-St-Zip: ST. AUGUSTINE, FL 32085

Title: MGRM  
Name: NOCK, ALEXANDRA E  
Address: P.O. DRAWER 3227  
City-St-Zip: ST. AUGUSTINE, FL 32085

I hereby 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.

SIGNATURE: FRANCESKA BLACKFORD      MRS      01/23/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date