2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000003440

PENSACOLA, FL 32526

City-St-Zip:

Entity Name: PUGH FAMILY LIMITED LIABILITY COMPANY

FILED Apr 09, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: C/O STORAGE INN OF PENSACOLA 121 NEW WARRINGTON ROAD 121 NEW WARRINGTON ROAD PENSACOLA, FL 32506 PENSACOLA, FL 32506 **New Mailing Address: Current Mailing Address:** C/O STORAGE INN OF PENSACOLA 121 NEW WARRINGTON ROAD PENSACOLA, FL 32506 FEI Number: 59-3552384 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MCARTHUR, DEBORAH ANN 3888 PARADISE BAY DRIVE GULF BREEZE, FL 32561 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: ADDITIONS/CHANGES: Title: () Change () Addition MGR () Delete PUGH, RONALD C Name: Name: 31216 WOODLAND WAY Address: Address: City-St-Zip: SPANISH FORT, AL 36527 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition MCARTHUR, DEVAN Name: Name: Address: 3888 PARADISE BAY DR Address: City-St-Zip: GULF BREEZE, FL 32561 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition LABRATO, AMBER Name: Name: Address: 3888 PARADISE BAY DR Address: City-St-Zip: GULF BREEZE, FL 32561 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: PUGH, JAMES R JR Name: Address: 5716 BAY FOREST DR Address: City-St-Zip: PENSACOLA, FL 32526 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition PUGH, JOYCE A Name: Name: 5716 BAY FOREST DR Address: Address: City-St-Zip: PENSACOLA, FL 32526 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition PUGH, JAMES R III Name: Name: Address: 5716 BAY FOREST DR Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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.

City-St-Zip:

SIGNATURE: RON PUGH MR. 04/09/2009