

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000000662 1. Entity Name BEACHSIDE MINI-STORAGE, L.L.C.																													
Principal Place of Business 140 TOMAHAWK DRIVE INDIAN HARBOUR BEACH, FL 32937			Mailing Address 2020 ACCRA PLACE DULLES, VA 20189-2020																										
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 140 TOMAHAWK DRIVE Suite, Apt. #, etc.																											
City & State 		City & State INDIAN HARBOUR BEACH FL		4. FEI Number 59-3555846																									
Zip 32937		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required																									
6. Name and Address of Current Registered Agent HOOPER (TTEE), KIM B 101 CENTRAL ROAD INDIAN HARBOUR BEACH, FL				7. Name and Address of New Registered Agent Name HOOPER, KEVIN S. TRUSTEE Street Address (P.O. Box Number is Not Acceptable) 140 TOMAHAWK DRIVE City INDIAN HARBOUR BEACH FL Zip Code 32937																									
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. SIGNATURE: <i>Kim S Hooper</i> (NOTE: Registered Agent signature required when reinstating) DATE:																													
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$200.00			Make check payable to Florida Department of State																										
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">MGRM</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>HOOPER, KIM B TRUSTEE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2020 ACCRA PLACE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DULLES, VA 201892020</td> <td></td> </tr> </table>			TITLE	MGRM	<input checked="" type="checkbox"/> Delete	NAME	HOOPER, KIM B TRUSTEE		STREET ADDRESS	2020 ACCRA PLACE		CITY-ST-ZIP	DULLES, VA 201892020		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">MGRM</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>HOOPER, KEVIN S. TRUSTEE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>140 TOMAHAWK DRIVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>INDIAN HARBOUR BEACH, FL 32937</td> <td></td> </tr> </table>			TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	HOOPER, KEVIN S. TRUSTEE		STREET ADDRESS	140 TOMAHAWK DRIVE		CITY-ST-ZIP	INDIAN HARBOUR BEACH, FL 32937	
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11. I hereby certify that the information supplied with this filing 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 empowered to execute this report as required by Chapter 608, Florida Statutes.																													
SIGNATURE: <i>K. S. Hooper</i> Kevin S. Hooper				321-631-4667																									