2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

CITY-ST-ZIP
TITLE
HAME
STREET ADDRESS
CITY-ST-ZIP

FILED Jan 09, 2006 08:00 AM Secretary of State

DOCUMENT # L9900000662 1. Entity Name Secretary (~ ~
1. Entity Name	of State
BEACHSIDE MINI-STORAGE, L.L.C.	
DEPONISE WHITE TOTAGE, E.E.C.	
Principal Place of Business Mailing Address	
1 140 TOMAHAWK DRIVE P.O. BOX 580 INDIAN HARBOUR BEACH, FL 32937 COCOA, FL 32923	
. (Mary Will well small	#1555 #1516 1(220) 137 Jest
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01042006 No Chg-LLC CR2E080	3 (11/05)
DO NOT WRITE IN THIS SPACE	Applied For
59-3555846	Not Applicab
	5.00 Additional s Required
6. Name and Address of Current Registered Agent	
HOOPER, KEVIN'S TRUSTEE	
140 TOMAHAWK DRIVE 140 TOMAHAWK DRIVE 140 TOMAHAWK DRIVE 140 TOMAHAWK DRIVE	
INDIAN HARBOUR BEACH, FL 32937 IN THIS SPACE	
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 fam	niliar with, and accep
the obligations of registered agent.	÷
SIGNATURE	<u>-:<u>=</u></u>
Signature, typed or printed name of registered agent and tale if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	
Filing Fee is \$50.00 Oue by May 1, 2006 U0000380547	
01/11/96-80018-00	7 50.00
9. MANAGING MEMBERS/MANAGERS	7 50.00
9. MANAGING MEMBERS/MANAGERS TITLE MGRM	7 50.00
9. MANAGING MEMBERS/MANAGERS	7 50 00
9. MANAGING MEMBERS/MANAGERS TITLE MGRM NAME HOOPER, KEVIN S TRUSTEE	7 50 00
9. MANAGING MEMBERS/MANAGERS TITLE MGRM NAME HOOPER, KEVIN S TRUSTEE STREET ADDRESS 140 TOMAHAWK DRIVE CITY-ST-ZIP INDIAN HARBOUR BEACH, FL 32937 TITLE	7 50.00
MANAGING MEMBERS/MANAGERS TITLE MGRM NAME HOOPER, KEVIN S TRUSTEE STREET ADDRESS 140 TOMAHAWK DRIVE CITY-ST-ZIP INDIAN HARBOUR BEACH, FL 32937 TITLE NAME	7 50.00
9. MANAGING MEMBERS/MANAGERS TITLE MGRM NAME HOOPER, KEVIN S TRUSTEE STREET ADDRESS 140 TOMAHAWK DRIVE CITY-ST-ZIP INDIAN HARBOUR BEACH, FL 32937 TITLE	7 50.00
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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.

SIGNATURE: 1666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Design Phone #