3/20

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 24, 2002 8:00 am
Secretary of State

03-20-2002 90041 014 ****50.00
06-24-2002 90296 012 ****50.00

DOCUMENT # M01000001457

1. Entity Name
EVEREST STORAGE MANAGER II, LLC

Principal Place of Business
199 S. LOS ROBLES AVE. #440
PASADENA CA 91101

Mailing Address
199 S. LOS ROBLES AVE. #440
PASADENA CA 91101

969282

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

4. FEI Number 95-4763728 | Applied For | Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
UCC FILING & SEARCH SERVICES, INC.
528 E. PARK AVE.
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City | FL | Zip Code

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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS

TITLE	MEMBER	☐ Delete
NAME	W. ROBERT KOHORST	
STREET ADDRESS	199 S. LOS ROBLES AVE., #440	
CITY-ST-ZIP	PASADENA, CA 91101	
TITLE	MEMBER - EVEREST STORAGE HOLDINGS, LLC	☐ Delete
NAME	CARL D. BECKMANN, PRESIDENT	
STREET ADDRESS	199 S. LOS ROBLES AVE., #440	
CITY-ST-ZIP	PASADENA CA 91101	
TITLE	MANAGER - EVEREST STORAGE HOLDINGS, LLC	☒ Delete
NAME	CARL D. BECKMANN, PRESIDENT	
STREET ADDRESS	199 S. LOS ROBLES AVE., #440	
CITY-ST-ZIP	PASADENA, CA 91101	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E083 (9/01)

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: SIGNATURE REQUIRED CPO 2/4/02 (626)585-5920
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #