

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 18, 2003 8:00 am**  
**Secretary of State**

03-18-2003 90150 002 \*\*\*\*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**

2. Principal Place of Business

**155 N. Lake Ave.**

3. Mailing Address

**155 N. Lake Ave.**

Suite, Apt. #, etc.

**#1000**

Suite, Apt. #, etc.

**#1000**

City & State

**Pasadena, CA**

City & State

**Pasadena, CA**

Zip

**91101**

Country

**U.S.A.**

Zip

**91101**

Country

**U.S.A.**



☒ CHECK HERE IF MAKING CHANGES

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

**LEXISNEXIS DOCUMENT SOLUTIONS INC.  
3935 W.W. KELLEY ROAD  
TALLAHASSEE FL 32311**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM KOHORST, W. ROBERT 199 S. LOS ROBLES AVE., #440 PASADENA CA 91101</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM KOHORST, W. ROBERT 155 N. LAKE AVE., #1000 Pasadena, CA 91101</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM BECKMANN, CARL D 199 S. LOS ROBLES AVE #440 PASADENA CA 91101</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM BECKMANN, CARL D. 155 N. LAKE AVE., #1000 PASADENA, CA 91101</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR EVEREST STORAGE HOLDINGS, LLC 199 S LOS ROBLES AVE #440 PASADENA CA 91101</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR EVEREST STORAGE HOLDINGS, LLC 155 N. LAKE AVE., #1000 PASADENA, CA 91101</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

**EVEREST STORAGE Holdings, LLC**  
**SIGNATURE: Carl Beckmann, President 3-13-03 626-585-5920**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)