

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 17, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # M98000001181

1. Entity Name  
GUARDIAN STORAGE OF BOYNTON BEACH, LLC



Principal Place of Business

PINE WEST PLAZA, BUILDING NO. 2  
WASHINGTON AVENUE EXTENSION  
ALBANY, NY 12205

Mailing Address

PINE WEST PLAZA, BUILDING NO. 2  
WASHINGTON AVENUE EXTENSION  
ALBANY, NY 12205



01042007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

14-1807577

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

TOUHEY, CARL E  
3450 S CONGRESS AVE  
BOYNTON BEACH, FL 33426

**DO NOT WRITE  
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 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

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
TOUHEY, CARL E MR  
ONE WEST PLZ, BLDG #2, WASHINGTON AVE EXT.  
ALBANY, NY 12205

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000587822  
01/17/07-80048-007 50.00

**DO NOT WRITE  
IN THIS SPACE**

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: Paul Glotzbecker Paul Glotzbecker, Controller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/14/07

Date

518-438-3521

Daytime Phone #