

FILE ON OR BEFORE APRIL 7, 1999 TO AVOID
REVOCATION AND \$500 PENALTY FEE

FILED

99 FEB 16 PM 2:40

STATE OF FLORIDA
DIVISION OF CORPORATIONS



LIMITED PARTNERSHIP ANNUAL REPORT 1999			FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership THE STORAGE PLACE, LTD.		1a. DOCUMENT # A07749		
Mailing Address 3660 SOUTH CONGRESS AVENUE BOYNTON BEACH FL 33426		Principal Office Address 3660 SOUTH CONGRESS AVENUE BOYNTON BEACH FL 33426		3. Date Formed or Registered 07/31/1979
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 09/12/1997
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation FL
City & State		City & State		6. FEI Number 59-1961795
Zip		Zip		5a. Capital Contributions as Shown on record \$924,800.00
Country		Country		5b. Amount of Capital Contributions in FLORIDA to date.
				☐ Applied For ☐ Not Applicable
				7. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
8. Make check payable to Dept. of State (See reverse side for fee information)				

9. Name and Address of Current Registered Agent O'CONNOR, JAMES L 100 LAKESHORE DRIVE APT. 857 NORTH PALM BEACH FL 33408		10. If changed, new Registered Agent/Office	
		Name	
		Street Address (P.O. Box Number, City, State, Zip)	
		Suite, Apt. #, etc.	
		City	

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
O'CONNOR, JAMES L	100 LAKESHORE DRIVE #	NORTH PALM BEACH FL	
BRANDNER, REINHARD JR.	315 EDEN ROAD	PALM BEACH FL	
O'CONNOR, ANDREW S TRUSTEE	10 MOHEGAN ROAD	LARCHMONT NY 10538	

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

James L. O'Connor

Typed or Printed Name of General Partner Signing Form

JAMES L. O'CONNOR

DATE

Feb 9, 1999

Daytime Telephone Number

(561) 627-7267

CR2E003 (12/98)