2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A07749

1. Entity Name

THE STORAGE PLACE, LTD.

FILED

00 FEB 10 AM 10: 17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
3660 SOUTH CONGRESS AVENUE BOYNTON BEACH FL 33426	3660 SOUTH CONGRESS AVENUE BOYNTON BEACH FL 33426-8413

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1961795 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
O'CONNOR, JAMES L 100 LAKESHORE DRIVE APT. 857 NORTH PALM BEACH FL 33408	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)

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$924,800.00	# 924,800	

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #		STREET ADDRESS	
NAME	O'CONNOR, JAMES L TRUSTEE	CITY-ST-ZIP	
STREET ADDRESS	100 LAKESHORE DRIVE #857		
CITY-ST-ZIP	NORTH PALM BEACH FL		
DOCUMENT #		STREET ADDRESS	
NAME	BRANDNER, REINHARD JR.	CITY-ST-ZIP	500093148255--2
STREET ADDRESS	315 EDEN ROAD		-02/25/00--01096--015
CITY-ST-ZIP	PALM BEACH FL		****526.25 ****526.25
DOCUMENT #		STREET ADDRESS	
NAME	O'CONNOR, ANDREW S TRUSTEE	CITY-ST-ZIP	
STREET ADDRESS	10 MOHEGAN ROAD		
CITY-ST-ZIP	LARCHMONT NY 10538		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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STREET ADDRESS			
CITY-ST-ZIP			

CR2E003 (9/99)

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: James L. O'Connor SIGNATURE REQUIRED 2/2/2000 561-734-6203
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

JAMES L. O'CONNOR