2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A07749

1. Entity Name
THE STORAGE PLACE, LTD.

FILED
04 APR 30 PM 12:19
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

03192004 Chg-LP CR2E003 (10/03)

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) 110 Mangrove Bay Way #1525 City Jupiter FL Zip Code 33477

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

9. Capital Contributions as Shown on record.	$924,800.00	10. Amount of Capital Contributions in FLORIDA to date.	

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	110 Mangrove Bay Way #1525
NAME	O'CONNOR, JAMES L TRUSTEE	CITY-ST-ZIP	Jupiter, FL 33477
STREET ADDRESS	~~100 LAKESHORE DRIVE #857~~		
CITY-ST-ZIP	~~NORTH PALM BEACH, FL~~		
DOCUMENT #		STREET ADDRESS	
NAME	BRANDNER, REINHARD JR.	CITY-ST-ZIP	
STREET ADDRESS	315 EDEN ROAD		
CITY-ST-ZIP	PALM BEACH, FL		
DOCUMENT #		STREET ADDRESS	
NAME	O'CONNOR, ANDREW S TRUSTEE	CITY-ST-ZIP	100036483821 05/14/04--01061--020 **526.25
STREET ADDRESS	10 MOHEGAN ROAD		
CITY-ST-ZIP	LARCHMONT, NY 10538		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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: Andrew S O'Connor 4/29/04 914-834-5400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #