

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jan 02 1997 8:00 am
Secretary of State

1. Name of Limited Partnership

1a. DOCUMENT #
A93000001063

HERITAGE STORAGE PARTNERS, LTD.



DK 1/9/97

Mailing Address

Principal Office Address

**1645 PALM BEACH LAKES BLVD., SUITE 420
WEST PALM BEACH FL 33401**

**1645 PALM BEACH LAKES BLVD., SUITE 420
WEST PALM BEACH FL 33401**

3. Date Formed or Registered

10/14/1993

5a. Capital Contributions as
Shown on record

\$0.00

3a. Date of Last Report

12/20/1995

5b. Amount of Capital
Contributions in FLORIDA
to date

4. State or Country of Formation

FL

2. Mailing Address

3300 PGA BLVD

2a. Principal Office Address

3300 PGA BLVD

Suite, Apt. #, etc.

STE # 620

Suite, Apt. #, etc.

STE # 620

6. FEI Number

65-0443336



Applied For



Not Applicable

City & State

PALM BEACH GARDENS FL

City & State

PALM BEACH GARDENS FL

7. Certificate of Status Desired



\$8.75 Additional
Fee Required

Zip
33410-2811

Country
USA

Zip
33410-2811

Country
USA

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

**MCINTOSH, ROBERT A
1645 PALM BEACH LAKES BLVD., SUITE 420
WEST PALM BEACH FL 33401**

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

3300 PGA BLVD

Suite, Apt. #, etc.

STE # 620

City

PALM BEACH GARDENS

FL

Zip Code

33410-2811

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)

COMAC HERITAGE, INC.

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

**1645 PALM BEACH LAKES
3300 PGA BLVD, 620**

11b. City, State & Zip Code

**WEST PALM BEACH FL-33-
PALM BEACH GARDENS FL
33410-2811**

11c. Registration/
Document Number

P93000071188

**000002053390--7
-01/10/97--01003--001
****191.25 ****191.25**

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

Peter V Cowie

DATE **12/30/96**

Typed or Printed Name of General Partner Signing Form

PETER V COWIE

Daytime Telephone Number

561-775-7393

CR2E003 (6/96)