

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0005743 AT

DOCUMENT # A97000001623



1. Entity Name
ANASTASIA STORAGE CENTER LIMITED

FILED

03 APR 18 PM 1:56

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
1985 MIZELL ROAD
ST. AUGUSTINE FL 32080

Mailing Address
1985 MIZELL ROAD
ST. AUGUSTINE FL 32080



2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

DUE BY MAY 1, 2003

4. FEI Number 59-3468748 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

RUNK, CHRISTOPHER
1985 MIZELL ROAD
ST AUGUSTINE FL 32080

Name
Street Address (P.O. Box Number is Not Acceptable)
300016236303
04/18/03--01020--008 **526.25
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. 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. **\$704,365.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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 #	NAME	STREET ADDRESS	CITY-ST-ZIP
680441	RUNK CONSTRUCTION COMPANY	1985 MIZELL ROAD	ST AUGUSTINE FL 32084

STREET ADDRESS	CITY-ST-ZIP

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: _____ **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

15 APR 03 9044718272
Date Daytime Phone #

SAMPLE CHECK HERE

CR2E003 (10/02)