

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

**DOCUMENT # A98000000400**  
 1. Entity Name  
**JUPITER PARK SELF-STORAGE LTD.**

Principal Place of Business      Mailing Address  
**4362 NORTH LAKE BLVD., SUITE 217**      **4362 NORTH LAKE BLVD., SUITE 217**  
**PALM BEACH GARDENS FL 33410**      **PALM BEACH GARDENS FL 33410-6269**



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 **65-0867172**      Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**MINKER, JULES S**  
**4362 NORTH LAKE BLVD., SUITE 217**  
**PALM BEACH GARDENS FL 33410**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

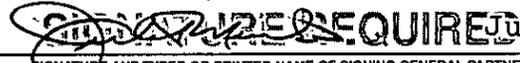
9. Capital Contributions as Shown on record.      **\$650,000.00**      10. Amount of Capital Contributions in FLORIDA to date.  
 11. **MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**

**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	
DOCUMENT #	<b>P9800008887</b>
NAME	<b>JUPITER PARK SELF-STORAGE, INC.</b>
STREET ADDRESS	<b>5825 N.W. 42ND WAY</b>
CITY - ST - ZIP	<b>BOCA RATON FL 33496</b>
DOCUMENT #	<b>P97000104415</b>
NAME	<b>SELF-STORAGE OF JUPITER, INC.</b>
STREET ADDRESS	<b>4362 NORTH LAKE BLVD., SUITE 217</b>
CITY - ST - ZIP	<b>PALM BEACH GARDENS FL 33410</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	<b>600003284256--3</b>
CITY - ST - ZIP	<b>-06/12/00--01016--022</b>
	<b>***526.25 ***526.25</b>
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
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:**  **Jules S. Minker**      4/19/2000      561-775-5660  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #

CR2ENY (3/99)