2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A18671

1. Entity Name

SPACE PLUS SELF-STORAGE LIMITED PARTNERSHIP NO.1

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -3 PM 1:33

Principal Place of Business	Mailing Address
4950 NORTH DIXIE HIGHWAY FT. LAUDERDALE FL 33334	4950 NORTH DIXIE HIGHWAY FT. LAUDERDALE FL 33334-3947

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 59-2608191 ☐ 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
CHANEY, MARVIN T. 4950 NORTH DIXIE HWY. FT. LAUDERDALE FL 33334	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
$410.00		

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	CHANEY, MARVIN T.	CITY-ST-ZIP	
STREET ADDRESS	3033 SPANISH RIVER RD.		
CITY-ST-ZIP	BOCA RATON FL		
DOCUMENT #		STREET ADDRESS	700003290537--7
NAME	CHANEY, CONNIE L.		06/15/00 01032-023
STREET ADDRESS	3033 SPANISH RIVER RD.	CITY-ST-ZIP	****150.00 ****150.00
CITY-ST-ZIP	BOCA RATON FL		
DOCUMENT #		STREET ADDRESS	
NAME	KENNELLY, JOHN B.		
STREET ADDRESS	333 KEY PALM ROAD	CITY-ST-ZIP	
CITY-ST-ZIP	BOCA RATON FL		
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
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NAME			
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CITY-ST-ZIP			

CR E003 (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: SIGNATURE REQUIRED Marvin Chaney 4/29/00 954-523-8690
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #