

2001 UNIFORM BUSINESS REPORT (UBR)

0027082 AF

DOCUMENT # L99000006193

1. Entity Name
STORAGE PARTNERS OF ABACOA, LLC

FILED

01 MAR 15 PM 8:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
725 SKIPPACK PIKE, STE 305
BLUE BELL PA 19422

Mailing Address
725 SKIPPACK PIKE, STE 305
BLUE BELL PA 19422

2. Principal Place of Business
1787 Sentry Parkway West

3. Mailing Address
1787 Sentry Parkway West

Suite, Apt. #, etc.
Bldg. 16, Suite 400

Suite, Apt. #, etc.
Bldg. 16, Suite 400

City & State
Blue Bell, Pennsylvania

City & State
Blue Bell, Pennsylvania

4. FEI Number 22-3704703

Applied For
Not Applicable

Zip 19422 Country USA

Zip 19422 Country USA

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

NORRIS, DAVID B
712 U.S. HIGHWAY ONE, STE 400
NORTH PALM BEACH FL 33408

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 _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGR
STREET ADDRESS UNITED STORAGE PARTNERSHIP, L.P.
CITY-ST-ZIP 725 SKIPPACK PIKE, STE 305
BLUE BELL PA 19422 ☒ Delete

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME MGR ☒ Change ☐ Addition
STREET ADDRESS Atlantic Coast Storage Partners, L.P.
CITY-ST-ZIP 1787 Sentry Parkway West, Bldg. 16, #400
Blue Bell, PA 19422

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 900003887999--6
CITY-ST-ZIP -03/20/01--01042--014

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS *****55.00 *****55.00
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3-14-2001

Date

215-646-2200

Daytime Phone #

CR2E083 (11/00)