2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Feb 15, 2005 08:00 AM
Secretary of State

DOCUMENT # A18671

1. Entity Name
SPACE PLUS SELF-STORAGE LIMITED PARTNERSHIP NO.1

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

01052005 Chg-LP CR2E003 (10/03)

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, CONNIE 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. 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.	$410.00	10. Amount of Capital Contributions in FLORIDA to date.	

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	000000220930 02/15/05-80020-016 141.25
STREET ADDRESS	2317 NE 12TH CT		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33304		
DOCUMENT #		STREET ADDRESS	
NAME	CHANEY, CONNIE L.	CITY-ST-ZIP	
STREET ADDRESS	3033 SPANISH RIVER RD.		
CITY-ST-ZIP	BOCA RATON, FL		
DOCUMENT #		STREET ADDRESS	
NAME	KENNELLY, JOHN B.	CITY-ST-ZIP	
STREET ADDRESS	333 KEY PALM ROAD		
CITY-ST-ZIP	BOCA RATON, FL		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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: Connie Chaney 1/5/05 954-523-8800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #