

# 2001 UNIFORM BUSINESS REPORT (UBR)

000880 AF

**DOCUMENT # A0000000146**  
 1. Entity Name  
**SOUTHSTAR STORAGE LIMITED PARTNERSHIP**

**FILED**  
 01 MAY 17 AM 11:26  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 751 PARK OF COMMERCE DRIVE SUITE 128 BOCA RATON FL 33487		Mailing Address 751 PARK OF COMMERCE DRIVE SUITE 128 BOCA RATON FL 33487	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**  
 FLORIDA-LAWDOCK, INC.  
 222 LAKEVIEW AVE.  
 FOURTH FLOOR  
 WEST PALM BEACH FL 33402

**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. <b>\$100.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 #	P00000005991
NAME	JADA INVESTMENTS, INC.
STREET ADDRESS	751 PARK OF COMMERCE DRIVE
CITY-ST-ZIP	BOCA RATON FL 33487
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	900004418259--1
CITY-ST-ZIP	-06/13/01--01082--019
	****141.25 ****141.25
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:** SIGNATURE REQUIRED *[Signature]* Date 5/1/01 Daytime Phone # 561-982-7770

CR2E003 (11/00)