

2002 UNIFORM BUSINESS REPORT (UBR)

0004081 AV

DOCUMENT # A00000000146

1. Entity Name
SOUTHSTAR STORAGE LIMITED PARTNERSHIP

FILED

02 MAY 22 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State	City & State	4. FEI Number 65-0852278	Applied For APPLIED FOR	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**COLMAN, NANCY B., ESQ.
150 E. PALMETTO PARK RD., SUITE 750
BOCA RATON, FL 33432**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$100.00**

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 # NAME STREET ADDRESS CITY-ST-ZIP	P00000005991 JADA INVESTMENTS, INC. 751 PARK OF COMMERCE DRIVE BOCA RATON FL 33487
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	500005691795--3
CITY-ST-ZIP	-06/05/02--01016--003 ***150.00 ***150.00
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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date **5/21/02** Daytime Phone # **(52) 582-7720**

CR2E003 (9/01)