

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0004228
AV

DOCUMENT # **A00000000146**



1. Entity Name
SOUTHSTAR STORAGE LIMITED PARTNERSHIP

FILED

03 APR -9 AM 8:37

SECRETARY OF STATE
TALLAHASSEE



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.

DUE BY MAY 1, 2003

City & State

4. FEI Number **65-0852278**

Applied For
Not Applicable

Zip Country Zip Country

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

COLMAN, NANCY B ESQ.
150 EAST PALMETTO PARK ROAD
SUITE 750
BOCA RATON FL 33432

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. **\$100.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 #	P0000005991
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	800013925072
STREET ADDRESS	03/11/03--01056--001 **8.75
CITY-ST-ZIP	800013925072
STREET ADDRESS	04/09/03--01081--008 **141.25
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	M THOMAS
STREET ADDRESS	
CITY-ST-ZIP	

CR2E003 (10/02)

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date **3/3/03** Daytime Phone # **561-982-7770**