


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

FILED

2005 MAY -4 PM 12: 04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # A03000000264	
1. Entity Name LINTON STORAGE, LTD.	

Principal Place of Business 751 PARK OF COMMERCE DRIVE SUITE 128 BOCA RATON, FL 33487 US	Mailing Address 751 PARK OF COMMERCE DRIVE SUITE 128 BOCA RATON, FL 33487 US
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2. Principal Place of Business 8135 LAKE WORTH RD Suite, Apt. #, etc. SUITE B City & State LAKE WORTH FL Zip 33467 Country USA	3. Mailing Address 8135 LAKE WORTH RD Suite, Apt. #, etc. SUITE B City & State LAKE WORTH FL Zip 33467 Country USA
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02042005 Chg-LP CR2E003 (10/03)

4. FEI Number 04-3742715	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HALPERIN, ELEANOR B ESQ. 1400 CENTREPARK BOULEVARD SUITE 1000 WEST PALM BEACH, FL 33401
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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. \$657,750.00	10. Amount of Capital Contributions in FLORIDA to date. \$657,750.00
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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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	M03000000600	STREET ADDRESS	8135 LAKE WORTH RD - STE B
NAME	LINTON STORAGE, LLC	CITY-ST-ZIP	LAKE WORTH FL 33467
STREET ADDRESS	751 PARK OF COMMERCE DRIVE, SUITE 128	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33487	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: _____	4/22/05	561-357-0121
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	<small>Date</small>	<small>Daytime Phone #</small>

STAPLE CHECK HERE