

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 MAR 27 AM 8:34

DOCUMENT # A03000000265 1. Entity Name COPANS STORAGE, LTD.					
Principal Place of Business 8135 LAKE WORTH RD SUITE B LAKE WORTH, FL 33467 US			Mailing Address 8135 LAKE WORTH RD SUITE B LAKE WORTH, FL 33467 US		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 04-3742711			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent HALPERIN, ELEANOR B ESQ. 1400 CENTREPARK BLVD. SUITE 1000 WEST PALM BEACH, FL 33401			7. Name and Address of New Registered Agent Name <u>Nancy B. Colman, Esq</u> Street Address (P.O. Box Number is Not Acceptable) <u>Baritz & Colman LLP</u> <u>150 E Palmetto Pk Rd # 750</u> City <u>Boca Raton</u> FL Zip Code <u>33432</u>		
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 <u><i>Nancy B. Colman</i></u> DATE <u>3/6/06</u>					
FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00					
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 #	M03000000601		STREET ADDRESS		
NAME	COPANS STORAGE, LLC		CITY-ST-ZIP		
STREET ADDRESS	8135 LAKE WORTH RD, STE B		500070462175 04/14/06--01052--021 **508.75		
CITY-ST-ZIP	LAKE WORTH, FL 33467		CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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]* **3/9/06** **561-357-0121**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE