

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 MAR 15 AM 10:35

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DOCUMENT # A03000000265 1. Entity Name COPANS STORAGE, LTD.	
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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
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

01102007 Chg-LP CR2E003 (12/06)

4. FEI Number 04-3742711	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 COLMAN, NANCY B ESQ. BARITZ & COLMAN LLP 150 E PALMETTO PARK RD #750 BOCA RATON, FL 33392

7. Name and Address of New Registered Agent Name NANCY B. COLMAN ESQ. BARITZ & COLMAN LLP Street Address (P.O. Box Number is Not Acceptable) 1075 BROKEN SOUND PARKWAY, NE SUITE 102 City BOCA RATON FL Zip Code 33487
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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 _____
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FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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	500094524535
NAME	COPANS STORAGE, LLC	CITY-ST-ZIP	03/23/07--01053--020 **508.75
STREET ADDRESS	8135 LAKE WORTH RD, STE B		
CITY-ST-ZIP	LAKE WORTH, FL 33467		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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STREET ADDRESS			
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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/9/07 **561-357-0121**

Date

Daytime Phone #

STAPLE CHECK HERE