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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A03000000620

1. Entity Name
LAKE WORTH SELF-STORAGE LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
751 PARK OF COMMERCE DRIVE, STE. 128 BOCA RATON, FL 33487	751 PARK OF COMMERCE DRIVE, STE. 128 BOCA RATON, FL 33487

01062004 Chg-LP CR2E003 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number — Applied For / Not Applicable

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 BARITZ & COLMAN, LLP 150 E. PALMETTO PARK ROAD, STE. 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 ____________________ Signature, typed or printed name of registered agent and title if applicable DATE

9. Capital Contributions as Shown on record.	$100.00	10. Amount of Capital Contributions in FLORIDA to date.	

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 #	P03000042874	STREET ADDRESS	
NAME	LAKE WORTH SELF-STORAGE, INC.		
STREET ADDRESS	751 PARK OF COMMERCE DR., STE. 128	CITY-ST-ZIP	
CITY-ST-ZIP	BOCA RATON, FL 33487		
DOCUMENT #		STREET ADDRESS	
NAME			
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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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER 3/15/04 Date 561-982-7770 Daytime Phone #