

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 MAR 15 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # A03000000620 1. Entity Name LAKE WORTH SELF-STORAGE LIMITED PARTNERSHIP					
Principal Place of Business 8135 LAKE WORTH RD STE B LAKE WORTH, FL 33467			Mailing Address 8135 LAKE WORTH RD STE B LAKE WORTH, FL 33467		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		01102007 Chg-LP CR2E003 (12/06)	
City & State Zip Country		City & State Zip Country		4. FEI Number 74-3088384 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent COLMAN, NANCY B ESQ BARITZ & COLMAN, LLP 150 E. PALMETTO PARK ROAD, STE. 750 BOCA RATON, FL 33432	
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				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 _____ <small>Signature, typed or printed name of registered agent and title, if applicable</small>	
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 #	P03000042874		STREET ADDRESS		
NAME	LAKE WORTH SELF-STORAGE, INC.		CITY - ST - ZIP		
STREET ADDRESS	8135 LAKE WORTH RD		CITY - ST - ZIP		
CITY - ST - ZIP	LAKE WORTH, FL 33467		STREET ADDRESS		
DOCUMENT #			CITY - ST - ZIP		
NAME			STREET ADDRESS		
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CITY - ST - ZIP			STREET ADDRESS		
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			Date 3/9/07 Daytime Phone # 561-357-0121		

STAPLE CHECK HERE