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2004 LIMITED PARTNERSHIP ANNUAL REPORT

SECRETÁRY OF STATE Due By May 1, 2004 DIVISION OF CORPORATIONS DOCUMENT # A03000000660 04 MAR 26 AM 8: 34 441 LANTANA STORAGE LIMITED PARTNERSHIP Principal Place of Business Mailing Address 751 PARK OF COMMERCE DRIVE, SUITE 128 751 PARK OF COMMERCE DRIVE, SUITE 128 BOCA RATON, FL 33487 BOCA RATON, FL 33487 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01062004 Chg-LP CR2E003 (10/03) City & State City & State 4. FEI Number Applied For 358 56 - 2 Not Applicable \$8.75 Additional -Country-Country Zip 5.-Certificate of Status Desired_ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COLMAN, NANCY B Street Address (P.O. Box Number is Not Acceptable) 150 EAST PALMETTO PARK ROAD, SUITE 750 C/P BARLTZ & COLMAN, LLP BOCA RATON, FL 33432 City 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. Hyped or printed name of registered agent and title if applicable DATE 10. Amount of Capital Contributions in FLORIDA to date. 9. Capital Contributions -\$100.00 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. P03000047679 OCCÜMENT# STREET ADDRESS 441 LANTANA STORAGE, INC. NAME STREET ADDRESS 751 PARK OF COMMERCE DRIVE, SUITE 128 CITY-ST-ZIP 600032723036 BOCA RATON, FL 33487 CITY-ST-ZIP 04/14/04--01021--002 **150.00 DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CTY-ST-ZIP STREET ADDRESS NAME ...

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 performance by Chapter 620, Florida Statutes

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

HER

CHECK

AND TYPED OR PRINTED NAME OF SIGNING CENTRAL PARTNER