2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

STAPLE CHECK HERE

DOCUMENT # A0300000660 1. Entity Name 441 LANTANA STORAGE LIMITED PARTNERSHIP					FILED			
,	e of Business F COMMERCE DRIVE, SUITE 128 I, FL 33487	Mailing Address 751 PARK OF COMMERCE DRIVE, SUITE 128 BOCA RATON, FL 33487						
2. Principal P 8/35 A	Place of Business AKE WORTH RD	3. Mailing Address 8135 LAKE WORTH RD						
Suite, Apt. #, etc.		Suite, Apt. #, etc. B			02042005	Chg-LP	CR2E003	(10/03)
LAKE WORTH FL		LAKE WORTH FL			4. FEI Number 56-23587	15		Applied For Not Applicable
3340	of USA	USA 33461		SA	5. Certificate of		Fee	.75 Additional Required
COLMAN	6. Name and Address of Current F	Name	7. Name and Address of New Registered Agent Name					
	PALMETTO PARK ROAD, SUI TZ & COLMAN, LLP	Street Address (P.O. Box Number is Not Acceptable)						
BOCA RATON, FL 33432								
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 1,731,207 .								
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 P03000047679	ET ADDRESS DY/	h = / = 1	1.1	IANGES ONLY	C- 0		
NAME STREET ADDRESS	751 PARK OF COMMERCE DRIVE, SUITE 128			ET ADDRESS 8/35 LAKE WORTH RD-STE B				
DOCUMENT #	BOCA RATON, FL 33487		+	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	KE WO	RTH 1	<u>~ 33</u>	467
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NAME STREET ADDRESS				ET ADDRESS	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	<u>10⊑46</u>	10194	
CITY-ST-ZIP DOCUMENT #			CITY-	-ST-ZiP	<u>05/06/0</u>	501079)9134 012 *	<u>*2285.00</u>
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NAME STREET ADDRESS			STREE	ET ADORESS				, · ·
CITY-ST-ZIP		 	CITY-	ST-ZIP			\ (²)	
NAME			STREE	ET ADORESS			A.)	
STREET ADDRESS CITY-ST-ZIP				ST-ZIP				
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: 4/2105 56/-357-0/21 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER 4/2105 Date Despute Phone 6								