

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 MAR 15 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01102007 Chg-LP CR2E003 (12/06)

DOCUMENT # A03000000660 1. Entity Name 441 LANTANA STORAGE LIMITED PARTNERSHIP					
Principal Place of Business 8135 LAKE WORTH RD SUITE B LAKE WORTH, FL 33467			Mailing Address 8135 LAKE WORTH RD SUITE B LAKE WORTH, FL 33467		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 56-2358715	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent COLMAN, NANCY B 150 EAST PALMETTO PARK ROAD, SUITE 750 C/P BARLTZ & COLMAN, LLP BOCA RATON, FL 33432				7. Name and Address of New Registered Agent Name NANCY B. COLMAN BARLTZ & 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE _____	
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 # NAME STREET ADDRESS CITY-ST-ZIP	P03000047679 441 LANTANA STORAGE, INC. 8135 LAKE WORTH RD LAKE WORTH, FL 33467		STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	500094624455 03/23/07--01053--018 **508.75	
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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>			3/9/07 561-357-0121 <small>Date Daytime Phone #</small>		

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