FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

FILED

	WI		」 99 FFB -	8 AM 10: 06	
1. Name of Limited Partnership	1a. DOCUM A06858	1a. DOCUMENT # A06858		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
AIRPORT MINI STORA	AGE ASSOCIATES, LTD.				
Mailing Address 3333 N.W. 38TH STREET MIAMI FL 33142	Principal Office Address 3333 N.W. 38TH STREET MIAMI FL 33142		3, Date Formed or Registered 10/13/1978 3a. Date of Last Report	5a. Capital Contributions as Shown on record. \$23,575.00	
2. Mailing Address	2a. Principal Office Address		09/18/1997 4. State or Country of Formation FL	5b. Amount of Cepital Contributions in FLORIDA to date:	
Sulte, Apt. #, etc. City & State	Sulte, Apt. #, etc. City & State		6. FEI Number 59-1881591	Applied For Not Applicable	
Zip Country	Zip	Country	7. Certificate of Status Desired 8. Make check payable to: Dept. of Status	\$8.75 Additional Fee Required State (See reverse side for fee information)	
9. Name and Ad REKASSY, JULIUS D 3333 N.W. 38TH STREET MIAMI FL 33142	idress of Current Registered Agent	10. If changed, new Registered Agent/Office Name GROSS MAJ-ROBBAT D. Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc.			
for the purpose of changing its re	tions 620.1051 and 620.192, Florida Statutes, the above-name gistered office or registered agent, or both, in the State of Flod ept the obligations of section 620.192, Florida Statutes.	Imited partnership organia. Such change was aut	anized or registered under the laws of the	FL Zip Code 33/38 State of Florida, submits this statement accept the appointment of registered	
	ER THAT IS A CORPORATION, L MUST BE REGISTERED AN	IMITED PAR	TNERSHIP OR OTHE	R BUSINESS ENTITY	
11. Name(s) of General Partner(s)	Address of Each Genera	ni Partner ox Numbers) 11b.	City, State & Zip Code	11c. Registration/ Document Number	
AIRPORT MINI STORAGE, IN	IC. 1000 QUAYSIDE TERRAC	DE MI	AMI FL 33/38 10 10 10 2 -02/12 *****2 4 1	262.52 ****262.52 [6	
12. I do hereby certify that the informati	MAY NOT be changed on this form an supplied with this filing is voluntarily furnished and does not recompliance with Section 119.07(3)(k) in the event that the in ate and that my signature shall have the same legal effects as is required by chapter 620.	t qualify for the exemption	n stated in Section 119.07(3)(k). Florida 5 med exempt from public access. I furthe her certify that I am a General Partner of	tatutes. I release the Division of certify that the Information indicated on	

Typed or Printed Name of General Partner Signing Form