

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A06858
 1. Entity Name
AIRPORT MINI STORAGE ASSOCIATES, LTD.

FILED

01 MAR -5 AM 10:12

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
3333 N.W. 38TH STREET **3333 N.W. 38TH STREET**
MIAMI FL 33142 **MIAMI FL 33142**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

4. FEI Number Applied For
59-1881591 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
GROSSMAN, ROBERT D SR
1000 TOWERSIDE TERRACE
MIAMI FL 33138

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. **\$23,575.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
 SEE REVERSE SIDE FOR FEE INFORMATION

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	
DOCUMENT #	P97000087248
NAME	AIRPORT MINI STORAGE, INC.
STREET ADDRESS	1000 QUAYSIDE TERRACE, APT. 1705
CITY-ST-ZIP	MIAMI FL 33138
DOCUMENT #	
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	000003829540--8 -03/09/01--01147--007 ****253.78 ****253.78
CITY-ST-ZIP	
STREET ADDRESS	000003829540--8 03/09/01--01147--007 ****253.75 ****253.75
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STREET ADDRESS	
CITY-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: *Robert D. Grossman*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
ROBERT D. GROSSMAN

2/27/01 305/895-7600
 Date Daytime Phone #

CR2E003 (11/00)