


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

DOCUMENT # A07749 1. Entity Name THE STORAGE PLACE, LTD.	
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FILED
 2005 APR 14 PM 1:13
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business 3660 SOUTH CONGRESS AVENUE BOYNTON BEACH, FL 33426	Mailing Address 3660 SOUTH CONGRESS AVENUE BOYNTON BEACH, FL 33426
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

04102005	Chg-LP	CR2E003 (10/03)
4. FEI Number 59-1961795		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent O'CONNOR, JAMES L 110 MANGROVE BAY WAY., #1525 JUPITER, FL 33477	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 813 Club Road, # 813 City Palm Beach Gardens, FL Zip Code 33418
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$924,800.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 O'CONNOR, JAMES L TRUSTEE 110 MANGROVE BAY WAY., #1525 JUPITER, FL 33477	STREET ADDRESS CITY - ST - ZIP 813 Club Road, # 813 Palm Beach Gardens, FL 33418
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP BRANDNER, REINHARD JR. 315 EDEN ROAD PALM BEACH, FL	STREET ADDRESS CITY - ST - ZIP _____ _____
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP O'CONNOR, ANDREW S TRUSTEE 10 MOHEGAN ROAD LARCHMONT, NY 10538	STREET ADDRESS CITY - ST - ZIP _____ 988854820619 05/06/05--01080--015 **526.25
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP _____ _____	STREET ADDRESS CITY - ST - ZIP _____ _____
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STAPLE CHECK HERE

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: *ASOC* Andrew S O'Connor (914) 834-5400 4/11/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #