


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAY -1 PM 2:47

DOCUMENT # A07749 1. Entity Name THE STORAGE PLACE, LTD.					
Principal Place of Business 3660 SOUTH CONGRESS AVENUE BOYNTON BEACH, FL 33426			Mailing Address 3660 SOUTH CONGRESS AVENUE BOYNTON BEACH, FL 33426		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1961795	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
O'CONNOR, ANDREW S 3660 SOUTH CONGRESS AVENUE BOYNTON BEACH, FL 33426				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$500.00 After May 1, 2008, 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 #	O'CONNOR, JAMES L TRUSTEE		STREET ADDRESS	12528 Sherwood Drive	
NAME	110 MANGROVE BAY WAY, #1609		CITY - ST - ZIP	Leawood, KS 66209	
STREET ADDRESS	JUPITER, FL 33477		STREET ADDRESS	800127235598	
CITY - ST - ZIP			CITY - ST - ZIP	04/30/08--01008--012 **500.00	
DOCUMENT #	BRANDNER, REINHARD JR.		STREET ADDRESS	12528 Sherwood Drive	
NAME	315 EDEN ROAD		CITY - ST - ZIP	Leawood, KS 66209	
STREET ADDRESS	PALM BEACH, FL		STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
DOCUMENT #	O'CONNOR, ANDREW S TRUSTEE		STREET ADDRESS		
NAME	10 MOHEGAN ROAD		CITY - ST - ZIP		
STREET ADDRESS	LARCHMONT, NY 10538		STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
DOCUMENT #			STREET ADDRESS		
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CITY - ST - ZIP			CITY - ST - ZIP		
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: <i>ALSOA Trustee Andrew S O'Connor</i>			Date: <i>4/24/08</i> 914 834-5400		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

STAPLE CHECK HERE