PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED PARTNERSHIP REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		ATE	Ā	2815 SE	
DOCUMENT # A07749 1. Name of Limited Partnership THE STORAGE PLACE, LTD.					-	ENSTAR 11 PH 2:	
2. Principal Office Address 3660 South C	ongress Avenue	3. Mailing Office Address 3660 South Congress Avenue			会員 25 CR2E039 (1/11)		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			4. Date Formed or Registered July 31, 1979 To Do Business in Florida July 31, 1979		
City & State Boynton Bea	ach, FL	city & State Boynton Beach, FL			5. FEI Number 59-1961795 Applied For Not Applicable		
^{Zip} 33426	USA	^{Zip} 3426	ÛSÄ		6. CERTIFICATE OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent Name Andrew S. O'Connor Street Address (P. Q. Box Number is Not Acceptable) 3660 South Congress Avenue					7. FEES: Filing Fee(s): \$411.25 for each year due this office. Supplemental Fee(s): \$88.75 for each year due this office. Penalty Fee(s): \$500 for each year or part thereof limited partnership revoked on our records.		
Suite, Apt. #. Etc. Boynton Bea	ach	FL 33426			E-mail Address: ASOConnor2010@gmail.com E-Mail address to be used for future annual report notices.		
9. Pur lant to the provisions of section 620,1810 or 620,1909, Florida Statutes. I hereby accept the appointment of registered agent, I am familiar with, and accept the obligations of Chapter 620, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) Output (REGISTERED AGENT MUST SIGN)							
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.							
10. Name(s) of General Partner(s)		Address of Each General Partner (Do NOT Use Post Office Box Numbers)			City, State and Zip Code	10a. Registration Document Number	
O'Connor, James L., Trustee		12528 Sherwood Dr.			eawood, KS 66209		
Brandner, Reinhard JR. O'Connor, Andrew S., Trustee		12528 Sherwood Dr.			m Beach, FL 33480 wood, KS 66209	WAR 3 1 2015 1. HARRIS	
REIN	STATEM	ENT 2012 - 2015			9002705. 03/11/1501021-	25639	
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.							
11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for exemptions contained in Chapter 119, Florida Statutes. Lirelease the Division of Corporations from any liability of non-compliance with Chapter 119, F.S. in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes. I am aware that fails information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817,155, F.S. SIGNATURE DATE March 2, 2015 Typed or Printed Name of General Partner Signing Form Publican Signing Form Division of Corporations from any liability on exemptions contained in Chapter 119, Florida Statutes. I release to his certain from any liability on exemptions contained in Chapter 119, Florida Statutes. I release to his certain from any liability on exemptions contained in Chapter 119, Florida Statutes. I release to his certain from any liability on exemptions contained in Chapter 119, Florida Statutes. I release to his certain from any liability on exemptions contained in Chapter 119, Florida Statutes. I release to his certain from any liability on exemptions contained in Chapter 119, Florida Statutes. I release to his certain from any liability on exemption indicated on this annual report is true and accurate and the information submitted in a decrease from any liability on exemption indicated on this annual report is true and accurate and the information submitted in a decrease from the information submitted in a decrease from any liability of the information submitted in a decrease from any liability of the information submitted in a decrease from any liabilit							
Typed or Printed Name of General Partner Signing Form Hydrew 5 Oconoc 11/257cg Telephone Number 717-737-1760							