

**2006 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2006**

**FILED**  
**Apr 07, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #A14434</b> 1. Entity Name LAKEWOOD MINI WAREHOUSES, LTD.					
Principal Place of Business 6950 PHILLIPS HIGHWAY, SUITE 15 JACKSONVILLE, FL 32216			Mailing Address 6950 PHILLIPS HIGHWAY, SUITE 15 JACKSONVILLE, FL 32216		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-2289557</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>RICARDO MORALES JR</b> <b>6950 PHILLIPS HIGHWAY, SUITE 15</b> <b>JACKSONVILLE, FL 32216</b>				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City	
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.				FL Zip Code	
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2006, Fee will be \$900.00</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	P93000074644		STREET ADDRESS		
NAME	MIC HOLDINGS, INC.		CITY-ST-ZIP		
STREET ADDRESS	6950 PHILLIPS HIGHWAY, SUITE 15				
CITY-ST-ZIP	JACKSONVILLE, FL 32216				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

R. Morales, Jr. 3/16/06 904-296-3232  
Date Daytime Phone #