

02

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Apr 16, 2008 08:00 A
Secretary of State

DOCUMENT # A14434

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01042008

Chg-LP

CR2E003 (12/06)

4. FEI Number

59-2289557

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RICARDO MORALES JR
6950 PHILLIPS HIGHWAY, SUITE 15
JACKSONVILLE, FL 32216**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

DATE

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

DOCUMENT # **P93000074644**
NAME **MIC HOLDINGS, INC.**
STREET ADDRESS **6950 PHILLIPS HIGHWAY, SUITE 15**
CITY-ST-ZIP **JACKSONVILLE, FL 32216**

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	U000000901670
CITY-ST-ZIP	04/29/08-80074-022 500.00
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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CITY-ST-ZIP	
STREET ADDRESS	
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:

R. Morales Jr
R. Morales Jr

4-14-08

904-296-3332

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE