

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A18671

1. Entity Name
SPACE PLUS SELF-STORAGE LIMITED PARTNERSHIP NO.1

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 MAY -3 PM 1:33

Principal Place of Business Mailing Address
 4950 NORTH DIXIE HIGHWAY 4950 NORTH DIXIE HIGHWAY
 FT. LAUDERDALE FL 33334 FT. LAUDERDALE FL 33334-3947



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-2608191		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
CHANEY, MARVIN T. 4950 NORTH DIXIE HWY. FT. LAUDERDALE FL 33334				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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record **\$410.00** 10. Amount of Capital Contributions in FLORIDA to date. 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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	
	CHANEY, MARVIN T.		
	3033 SPANISH RIVER RD.	CITY - ST - ZIP	
	BOCA RATON FL		
DOCUMENT #	NAME	STREET ADDRESS	
	CHANEY, CONNIE L.		
	3033 SPANISH RIVER RD.	CITY - ST - ZIP	
	BOCA RATON FL		
DOCUMENT #	NAME	STREET ADDRESS	
	KENNELLY, JOHN B.		
	333 KEY PALM ROAD	CITY - ST - ZIP	
	BOCA RATON FL		
DOCUMENT #	NAME	STREET ADDRESS	
		CITY - ST - ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
		CITY - ST - ZIP	

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: MARVIN CHANEY 4/19/00 954-523-890
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

FL E003 (9/99)