	MENT	# A1867		EPORT	r (UI	BR)	]		: ! !	! !	
SPACE PLUS SELF-STORAGE LIMITED PARTNERSHIP NO.1						FIL	ED		!	!	
Principal Place of Business 4950 NORTH DIXIE HIGHWAY			Mailing Address 4950 NORTH DIXIE HIGHWAY		01	APR 2	AM 11: 4		i ! !	i I	
ft. Lauderd	ALE FL 33334		FT. LAUDERDALE FL 33334		SE! TAL	LAHASS	OF STATE EE, FLORID	A.			
2. Principal I	Place of Busin	ess	3. Mailing Addre	3. Mailing Address					i ilej bieji otbit	PICH DIAI	H ESBAN BNEN SEBA
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State			City & State		4. FEI Number 59-2600		59-2608191	ļ	Applied For Not Applicable		
Zip Country		Zip	Country			5. Certificate of Status Desired \$8.75 Additional Fee Required				uired	
6. Name and Address of Current Registered Agent					Nam		7. Name and	Address of New Re	gistered Ag	ent	
CHANEY, MARVIN T. 4950 NORTH DIXIE HWY.							P.O. Box Number	r is Not Acceptable)			
FT. LAUDERDALE FL 33334					City FL Zip Code					Code	
8. The above		y submits this statement for						n, in the State of Flor	rida.		
9. Capital Contributions as Shown on record.  \$410.00  10. Amount of Capital in FLORIDA to date.											
	A (	GENERAL PARTNER General Partners Ma	THAT IS A BUSIN	ESS ENTITY	MUST E	E REGIST	TERED AND A	CTIVE WITH THIS	OFFICE.	er	<u>, , , , , , , , , , , , , , , , , , , </u>
12.	NOIE	GENERAL PARTNE			3.	inendinen	t must be med	ADDRESS CHA			
DOCUMENT #			s		TREET ADDRE	ss .			i		
NAME CHANEY, MARVIN T. STREET ADDRESS 3033 SPANISH RIVER RD. CITY-ST-ZIP BOCA RATON FL			С		ITY-ST-ZIP				i		
DOCUMENT #	CHANEY, CONNIE L.			s	TREET ADDRE	SS	10	00004 1 -05/10/	. 92개 0101(	31 341-	_ <del></del> 9
STREET ADDRESS 3033 SPANISH RIVER RD. BOCA RATON FL			С	ITY-ST-ZIP			****15			150.00	
DOCUMENT # NAME	KENNELLY	, JOHN B	- <del></del>	s	treet adore	SS			-	-	-
STREET ADDRESS 333 KEY PALM ROAD CITY-ST-ZIP BOCA RATON FL				С	ITY-ST-ZIP						
DOCUMENT <b>≱</b> NAME				s	TREET ADORE	ess	····				
STREET ADORESS CITY-ST-ZIP				С	ITY-ST-ZIP					<u> </u>	ÿ.
DOCUMENT # NAME STREET ADDRESS				S	treet addre	ss				:	
CITY-ST-ZIP				С	ITY-ST-ZIP		·-··		. !		
DOCUMENT #				s	TREET ADDRE	ss					

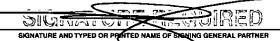
14. It hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made 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

CITY-ST-ZIP

SIGNATURE:

NAME<sub>2</sub> STREET ADDRESS

CITY-ST-ZIP



4 21 01 954-523

Daytime Phone #