

2001 UNIFORM BUSINESS REPORT (UBR)

0013541 AF

DOCUMENT # A18671

1. Entity Name

SPACE PLUS SELF-STORAGE LIMITED PARTNERSHIP NO.1

FILED

01 APR 26 AM 11:45

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business 4950 NORTH DIXIE HIGHWAY FT. LAUDERDALE FL 33334	Mailing Address 4950 NORTH DIXIE HIGHWAY FT. LAUDERDALE FL 33334
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-2608191	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

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

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

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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: _____ **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER** **4/21/01** **954-523-8900**
Date Daytime Phone #

CR2E003 (11/00)