2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By September 8, 2004

541.25 FILED **DOCUMENT # A18671** 04 JUL -6 PM 1:01 SPACE PLUS SELF-STORAGE LIMITED PARTNERSHIP SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 4950 NORTH DIXIE HIGHWAY 4950 NORTH DIXIE HIGHWAY FT. LAUDERDALE, FL 33334 FT. LAUDERDALE, FL 33334 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite Apt. #, etc. 06302004 Chg-LP CR2E003 (10/03) City & State City & State 4. FEI Number Applied For 59-2608191 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ONNIE HANEY CHANEY, MARVIN T. Street Address (P.O. Box Number is Not Acceptable) 4950 NORTH DIXIE HWY. FT. LAUDERDALE, FL 33334 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 the obligations of registered agent. In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the 9. Capital Contributions 10. Amount of Capital Contributions \$410.00 in FLORIDA to date as Shown on record 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 ADDRESS CHANGES ONLY DOCUMENT # STREET ADDRESS CHANEY, MARVIN T. STREET ADDRESS 3033 SPANISH RIVER RD. CITY-ST-ZIP CITY-ST-ZIP BOCA RATON, FL DOCUMENT # STREET ADDRESS CHANÊY, CONNIE L. NAME STREET ADDRESS 3033 SPANISH RIVER RD. CITY-ST-ZIP CITY-ST-ZIP BOCA RATON, FL 40003933 DOCUMENT # 07/20/04--01032 ₩**5**41.25 STREET ADDRESS KENNELLY, JOHN B. NAME STREET ADDRESS 333 KEY PALM ROAD CITY-ST-7IP CITY-ST-ZIP BOCA RATON, FL DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADORESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP 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 OF