

**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**Feb 15, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A18671</b> 1. Entity Name <b>SPACE PLUS SELF-STORAGE LIMITED PARTNERSHIP NO.1</b>					
Principal Place of Business <b>4950 NORTH DIXIE HIGHWAY          FT. LAUDERDALE, FL 33334</b>			Mailing Address <b>4950 NORTH DIXIE HIGHWAY          FT. LAUDERDALE, FL 33334</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01052005    Chg-LP    CR2E003 (10/03)	
4. FEI Number <b>59-2608191</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CHANEY, CONNIE          4950 NORTH DIXIE HWY.          FT. LAUDERDALE, FL 33334</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record, <b>\$410.00</b>			10. Amount of Capital Contributions in FLORIDA to date.		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	<b>CHANEY, MARVIN T.</b>		CITY-ST-ZIP	<b>11000002200000</b>	
STREET ADDRESS	<b>2317 NE 12TH CT</b>		CITY-ST-ZIP	<b>02/15/05-80020-016 141.25</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE, FL 33304</b>		CITY-ST-ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	<b>CHANEY, CONNIE L.</b>		CITY-ST-ZIP		
STREET ADDRESS	<b>3033 SPANISH RIVER RD.</b>		CITY-ST-ZIP		
CITY-ST-ZIP	<b>BOCA RATON, FL</b>		CITY-ST-ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	<b>KENNELLY, JOHN B.</b>		CITY-ST-ZIP		
STREET ADDRESS	<b>333 KEY PALM ROAD</b>		CITY-ST-ZIP		
CITY-ST-ZIP	<b>BOCA RATON, FL</b>		CITY-ST-ZIP		
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CITY-ST-ZIP			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.					
<b>SIGNATURE:</b> <i>Connie Chaney</i>			1/5/05 954-523-8700		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date    Daytime Phone #</small>		

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