


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

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

DOCUMENT # A18671

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



Principal Place of Business
**4950 NORTH DIXIE HIGHWAY
 FT. LAUDERDALE, FL 33334**

Mailing Address
**4950 NORTH DIXIE HIGHWAY
 FT. LAUDERDALE, FL 33334**

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip



01052005 Chg-LP CR2E003 (10/03)

4. FEI Number
59-2608191

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**CHANEY, CONNIE
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. **\$410.00**

10. Amount of Capital Contributions in FLORIDA to date.

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	2317 NE 12TH CT		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33304		
DOCUMENT #	NAME	STREET ADDRESS	
	CHANEY, CONNIE L.		
STREET ADDRESS	3033 SPANISH RIVER RD.		
CITY-ST-ZIP	BOCA RATON, FL		
DOCUMENT #	NAME	STREET ADDRESS	
	KENNELLY, JOHN B.		
STREET ADDRESS	333 KEY PALM ROAD		
CITY-ST-ZIP	BOCA RATON, FL		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
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)(f), 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: *Connie Chaney* **1/5/05 954-523-8700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE