

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 NOV 15 PM 12:19

1. Name of Limited Partnership

1a. DOCUMENT #
A22519



STORAGE PARTNERS ONE, LIMITED

Mailing Address

1392 N. KILLIAN DRIVE
SUITE #8
LAKE PARK FL 33403

Principal Office Address

1392 N. KILLIAN DRIVE
SUITE #8
LAKE PARK FL 33403

3. Date Formed or Registered

05/09/1986

5a. Capital Contributions as Shown on record.

\$350,000.00

3a. Date of Last Report

12/26/1995

5b. Amount of Capital Contributions in FLORIDA to date.

350,000.00

4. State or Country of Formation

FL

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. FEI Number

59-2625148

Applied For
 Not Applicable

7. Certificate of Status Desired

\$8.75 Additional Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

MARSHALL, CARLISLE L.
5334 POINT LANE E.
JUPITER, FL. FL 33458

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

City

200002015392-8

-11/27/96-01003-018

***576.25 ***576.25

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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes

SIGNATURE (Registered Agent Accepting Appointment) _____

DATE _____

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)

MARSHALL, TODD
MARSHALL, CARLISLE

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

5334 POINT LANE EAST
5334 POINT LANE EAST

11b. City, State & Zip Code

JUPITER, FL 33458
JUPITER, FL 33458

11c. Registration/Document Number

KWM

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Carlisle L. Marshall GENERAL PARTNER

DATE

12-15-96

Typed or Printed Name of General Partner Signing Form

CARLISLE L. MARSHALL

Daytime Telephone Number

561-844-8803

CR2E003 (6/96)