


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

FILED
03 MAY -6 PM 8:46
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # A22519

1. Entity Name
STORAGE PARTNERS ONE, LIMITED



Principal Place of Business
1396 N. KILLIAN DR., SUITE A
LAKE PARK, FL 33403

Mailing Address
1396 N. KILLIAN DR., SUITE A
LAKE PARK, FL 33403

2. Principal Place of Business
7184 SE OSPREY ST

3. Mailing Address
7184 SE OSPREY ST

Suite, Apt. #, etc.



DUE BY MAY 1, 2003

City & State
HOBE SOUND, FL

City & State
HOBE SOUND, FL

Zip
33455

Country

4. FEI Number
59-2625148

Applied For
 Not Applicable

5. Name and Address of Current Registered Agent

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

MARSHALL, CARLISLE L
6334 POINT LANE E
JUPITER, FL 33455

7. Name and Address of New Registered Agent

Name **TODD E. MARSHALL**

Street Address (P.O. Box Number is Not Acceptable)
7184 SE OSPREY

City **HOBE SOUND** FL Zip Code **33455**

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 *Todd Marshall* **TODD C. MARSHALL** DATE **4-18-03**

9. Capital Contributions as Shown on record. **\$350,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **0**

**MAKE CHECK PAYABLE TO FL DEPT OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION**

**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 #	MARSHALL, TODD	STREET ADDRESS	
NAME	7184 SE OSPREY ST.	CITY - ST - ZIP	
STREET ADDRESS	HOBE SOUND, FL 33455		
CITY - ST - ZIP			
DOCUMENT #	MARSHALL, CARLISLE	STREET ADDRESS	
NAME	7184 SE OSPREY ST.	CITY - ST - ZIP	
STREET ADDRESS	HOBE SOUND, FL 33455		
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	600018303426
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STAPLE CHECK HERE

CR2E003 (10/02)

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: *Todd Marshall* **TODD C. MARSHALL GP.** DATE **4-18-03** (772) 545-4059

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER