

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 DEC 11 PM 12:03 HK 12/11	
1. Name of Limited Partnership STORAGE PARTNERS TWO, LIMITED		1a. DOCUMENT # A25815			
Mailing Address 1392 N. KILLIAN DR., STE. 8 LAKE PARK FL 33403		Principal Office Address 1392 N. KILLIAN DR., STE. 8 LAKE PARK FL 33403		3. Date Formed or Registered 01/21/1988	5a. Capital Contributions as Shown on record. \$500,000.00
2. Mailing Address 1396 N. KILLIAN DR Suite, Apt. #, etc. A City & State LAKE PARK, FL Zip 33403 Country P.B.		2a. Principal Office Address 1396 N. KILLIAN DR Suite, Apt. #, etc. A City & State LAKE PARK, FL Zip 33403 Country P.B.		3a. Date of Last Report 12/09/1997	5b. Amount of Capital Contributions in FLORIDA to date: 500,000.00
				4. State or Country of Formation FL	6. FEI Number 65-0048892 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
				7. Certificate of Status Desired <input type="checkbox"/> \$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 LAZAN, DAVID M LAZAN, TRUTE, MOSS, ROBBINS & HOWARD, P.A. SUITE 202, 1090 KANE CONCOURSE BAY HARBOR ISLANDS FL 33154			10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code		
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) STOWAWAY STORAGE CENTERS TWO		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 5334 POINT LN E.		11b. City, State & Zip Code JUPITER FL	11c. Registration/ Document Number K02342
				000002713720--7 -12/15/98--01098--025 ****526.25 ****526.25	
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		CAROL MARSHALL V.P. Stowaway Storage Centers, Inc.		DATE 12-8-98	
Typed or Printed Name of General Partner Signing Form		CAROL L. MARSHALL		Daytime Telephone Number 561-844-7772	

CR2E003 (8/98)