

2000 UNIFORM BUSINESS REPORT (UBR)

0013092 AF

DOCUMENT # A25815
 1. Entity Name
STORAGE PARTNERS TWO, LIMITED

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
00 APR 17 PM 5:18

Principal Place of Business Mailing Address
 1396 N. KILLIAN DR., SUITE A 1396 N. KILLIAN DR., SUITE A
 LAKE PARK FL 33403 LAKE PARK FL 33403-1924



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number **65-0048892** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. 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

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.
 SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$500,000.00** 10. Amount of Capital Contributions in FLORIDA to date. **\$500,000.00** 11. MAKE CHECK PAYABLE TO 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	
DOCUMENT #	K02342
NAME	STOWAWAY STORAGE CENTERS TWO, INC.
STREET ADDRESS	5334 POINT LN E.
CITY - ST - ZIP	JUPITER FL
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	4000003230514--2
CITY - ST - ZIP	-05/01/00--01015--019 ****526.25 ****526.25
STREET ADDRESS	<i>hjt 4/25</i>
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
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)(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: *RODD MARSHALL, GO.* 4-12-2000 (50) 844-8808
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)