

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0012375  
AT

02 APR 25 PM 12:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**DOCUMENT # A25815**

1. Entity Name  
**STORAGE PARTNERS TWO, 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 S.E. OSPREY ST. Suite, Apt. #, etc.	3. Mailing Address 7184 S.E. OSPREY ST. Suite, Apt. #, etc.
---	---

City & State HOBE SOUND, FL	City & State HOBE SOUND, FL	4. FEI Number 65-0048892	Applied For Not Applicable
Zip 33455	Country US	Zip 33455	Country US

**DUE BY MAY 1, 2002**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$500,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

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 # NAME STREET ADDRESS CITY-ST-ZIP	<b>K02342 STOWAWAY STORAGE CENTERS TWO, INC. 5334 POINT LN E. JUPITER FL</b>
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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>000005451410--4</b>
CITY-ST-ZIP	<b>05/03/02 01105 016 ****526.25 ****526.25</b>
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: *Scott Marshall* **SCOTT C. MARSHALL** 04-22-02 (772) 545-4059

CR2E003 (9/01)