

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0012542 AT

DOCUMENT # A25815

1. Entity Name  
STORAGE PARTNERS TWO, LIMITED



FILED  
03 APR 29 AM 8:34

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business  
7184 S.E. OSPREY ST.  
HOBE SOUND FL 33455

Mailing Address  
7184 S.E. OSPREY ST.  
HOBE SOUND FL 33455

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

DUE BY MAY 1, 2003

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAZAN, DAVID M  
LAZAN, TRUTE, MOSS, ROBBINS & HOWARD, P.A.  
SUITE 202, 1090 KANE CONCOURSE  
BAY HARBOR ISLANDS FL 33154

Name  
TODD C. MARSHALL  
Street Address (P.O. Box Number is Not Acceptable)

7184 SE. OSPREY ST

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 C. MARSHALL 4-16-03

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

DATE

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

10. Amount of Capital Contributions in FLORIDA to date. 500,000..

11. 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 # K02342  
NAME STOWAWAY STORAGE CENTERS TWO, INC.  
STREET ADDRESS 5334 POINT LN E  
CITY-ST-ZIP JUPITER FL

STREET ADDRESS 7184 SE. OSPREY ST  
CITY-ST-ZIP HOBE SOUND, FL 33455

DOCUMENT #  
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CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS 600017332646  
CITY-ST-ZIP 04/29/03--01095--001 \*\*526.25

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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:

TODD C. MARSHALL 4-16-03 (772) 545-4059

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)

STATE CHECK REF.