

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**May 04, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # A27493**

1. Entity Name  
**SHERIDAN EXTRA CLOSET, LTD.**



Principal Place of Business  
**3900 HOLLYWOOD BLVD.  
PH-N  
HOLLYWOOD, FL 33021**

Mailing Address  
**3900 HOLLYWOOD BLVD.  
PH-N  
HOLLYWOOD, FL 33021**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04282004 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number  
**65-0082958**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEXOW, CLAUSSON P.  
3900 HOLLYWOOD BLVD.  
PENTHOUSE NORTH  
HOLLYWOOD, FL 33021**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

9. Capital Contributions  
as Shown on record, **\$550,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**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 # **P95000097531**  
NAME **SHERIDAN STORAGE MANAGEMENT, INC.**  
STREET ADDRESS **3900 HOLLYWOOD BLVD., PENTHOUSE NORTH**  
CITY - ST - ZIP **HOLLYWOOD, FL 33021**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

1000000159454

05/10/04-80031-009 526.25

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

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:**

**C.P. LEXOW**

**4/28/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE