

**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # A30693	
1. Entity Name PLANTATION STORAGE ASSOCIATES, LTD.	

Principal Place of Business 8489 N.W. 17TH CT. PLANTATION FL 33322	Mailing Address 8489 N.W. 17TH CT. PLANTATION FL 33322
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



MOORE CR2E003 (11/03)

4. FEI Number 65-0250911	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MINTZ, LOREN A 8489 N.W. 17TH COURT PLANTATION FL 33322

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. 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
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9. Capital Contributions as Shown on record. \$1,000,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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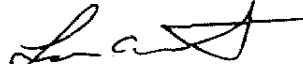
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P93000075063	STREET ADDRESS	
NAME	SIMGP, INC.	CITY-ST-ZIP	
STREET ADDRESS	3241 SW 51ST ST.		
CITY-ST-ZIP	HOLLYWOOD FL 33312		
DOCUMENT #		STREET ADDRESS	
NAME	MINTZ, LOREN A	CITY-ST-ZIP	
STREET ADDRESS	2220 N.W. 62 DRIVE		
CITY-ST-ZIP	BOCA RATON FL 33496		
DOCUMENT #	H27476	STREET ADDRESS	
NAME	XTRA STORAGE, INC.	CITY-ST-ZIP	
STREET ADDRESS	999 BRICKELL AVENUE, #800 ✓		
CITY-ST-ZIP	MIAMI FL 33137		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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02/28/04-80037-004 526.25

STAPLE CHECK HERE

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: 	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Date	Daytime Phone #
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