2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Feb 28, 2005 08:00 AM
Secretary of State

DOCUMENT # A30693

1. Entity Name
PLANTATION STORAGE ASSOCIATES, LTD.

Principal Place of Business	Mailing Address
8489 N.W. 17TH CT. PLANTATION, FL 33322	8489 N.W. 17TH CT. PLANTATION, FL 33322

01112005 Chg-LP CR2E003 (10/03)

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 65-0250911 ☐ Applied For ☐ Not Applicable

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
MINTZ, LOREN A 8489 N.W. 17TH COURT PLANTATION, FL 33322	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record.	$1,000,000.00	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		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			
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NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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: _____ 2/19/05 954-452-8600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #