2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006

FILED
Feb 13, 2006 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

1st MOORE CR2E003 (10/05)

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.

FILE NOW!!! Fee is $500. * After May 1, 2006, fee will be $900. *** Make check payable to Florida Department of State.**

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	U00000433243
NAME	MINTZ, LOREN A	CITY-ST-ZIP	02/24/06-80009-025 500.00
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			
DOCUMENT #		STREET ADDRESS	
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 exemptions contained in Chapter 119, 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: _____ 2/11/06 954-452-9600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #