

**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

FILED
Jan 23, 2007 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

2. Principal Place of Business - No P.O. Box #

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

1st MOORE

CR2E003 (10/06)



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

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

DATE

FILE NOW!!! Fee is \$500. * After May 1, 2007, 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

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

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY- ST- ZIP	000000599595 01/25/07-80034-001 500.00
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/20/07

954-452-9600

Date

Daytime Phone

STAPLE CHECK HERE