

**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008**

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

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

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 one if applicable.

DATE

FILE NOW!!! Fee is \$500. * After May 1, 2008, 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
NAME SIMGP, INC.
STREET ADDRESS 3241 SW 51ST ST.
CITY-ST-ZIP HOLLYWOOD FL 33312

STREET ADDRESS

CITY-ST-ZIP

100118072931
02/14/08--01045--023 **500.00

DOCUMENT #
NAME MINTZ, LOREN A
STREET ADDRESS 2220 N.W. 62 DRIVE
CITY-ST-ZIP BOCA RATON FL 33496

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # H27476
NAME XTRA STORAGE, INC.
STREET ADDRESS 999 BRICKELL AVENUE, #800
CITY-ST-ZIP MIAMI FL 33137

STREET ADDRESS

CITY-ST-ZIP

2 DISCARD # 1740
MIAMI, FL 33131

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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

Date

Daytime Phone #

FILED

08 FEB -8 PM 3:39

SECRETARY OF STATE



1st MOORE

CR2E003 (10/07)

4. FEI Number 65-0250911

Applied For

Not Applicable

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

STAPLE CHECK HERE