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2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # A93000001104			
1. Entity Name ATKINS STORAGE & OFFICE CENTER, LTD.			
Principal Place of Business 3401 SW 40 BLVD., SUITE 150 GAINESVILLE, FL 32608		Mailing Address 3401 SW 40 BLVD., SUITE 150 GAINESVILLE, FL 32608	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		02042004 Chg-LP CR2E003 (10/03)	
		4. FEI Number 59-3207767	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ATKINS, ROBERT M 3401-150 SW 40 BLVD. GAINESVILLE, FL 32608		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
9. Capital Contributions as Shown on record. \$1,300,000.00		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 #	NAME	STREET ADDRESS	
NAME	ATKINS, ROBERT M	CITY - ST - ZIP	
STREET ADDRESS	3401 SW 40 BLVD., SUITE 150		
CITY - ST - ZIP	GAINESVILLE, FL 32608		
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CITY - ST - ZIP			
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: X <i>Robert M Atkins</i>		Date April 16, 2004 352-372-3033	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #	

STAPLE CHECK HERE

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