

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

FILED

96 OCT -3 PM 3: 58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Morham
Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT #
A93000001123

PLANTATION STORAGE PARTNERS, LTD.

97-AR
CM



Mailing Address

8489 N.W. 17TH COURT
PLANTATION FL 33322

Principal Office Address

8489 N.W. 17TH COURT
PLANTATION FL 33322

3. Date Formed or Registered

10/29/1993

5a. Capital Contributions as
Shown on record

\$10,000,000.00
\$1,000,000

3a. Date of Last Report

11/15/1995

5b. Amount of Capital
Contributions in FLORIDA
to date

4. State or Country of Formation

FL

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. FEI Number

65-0450531

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

8. Make check payable to Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

MINTZ, LOREN A
8489 N.W. 17TH CT
PLANTATION FL 33322

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

3000011471123
-10/10/96--01057--008
***576.25 ***576.25
FL

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registration/
Document Number

XTRA STORAGE EAST, INC.

999 Brickell Ave #800
5046 BISCAYNE BLVD.
920 WASHINGTON ST.

MIAMI FL 33137 33131
1344 Wind PL 33019
PEMBROKE PINES FL 330

H27476

SIMGP, INC.

9950 PINES BLVD., SUITE

BOCA RATON FL 33433

P93000075063

MINTZ, LOREN A

2309 ORANGEWOOD LANE
7369

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Loren A. Mintz General Partner

DATE 9/20/96

Typed or Printed Name of General Partner Signing Form Loren A. Mintz

Daytime Telephone Number 954-452-9000

CR2E003 (6/96)