

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

FILED

08 DEC 30 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT #
A94000001617

A-Z MINI STORAGE, LTD.

99-AR1Cw
cm



Mailing Address

15921 SOUTH DIXIE HIGHWAY, SUITE 201
MIAMI-FL 33157

Principal Office Address

15921 SOUTH DIXIE HIGHWAY, SUITE 201
MIAMI-FL 33157

3. Date Formed or Registered

12/01/1994

5a. Capital Contributions as
Shown on record.

\$7,000.00

3a. Date of Last Report

12/19/1997

5b. Amount of Capital
Contributions in FLORIDA
to date:

4. State or Country of Formation

FL

2. Mailing Address

7328 SW 48TH STREET

2a. Principal Office Address

7328 SW 48TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

Zip

33155 DADE

Zip

33155 DADE

6. FEI Number

65-0539519

☐ 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

GOODPASTER, CHARLES A

15921 SOUTH DIXIE HIGHWAY, SUITE 201
MIAMI-FL 33157

10. If changed, new Registered Agent/Office

Name

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

7328 SW 48TH STREET

Suite, Apt. #, etc.

City

MIAMI

Zip Code

FL 33155

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)

HAMLET DEVELOPMENT COMPANY,

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

15921 SOUTH DIXIE HIG
7328 SW 48TH STREET

11b. City, State & Zip Code

MIAMI-FL 33157
MIAMI FL 33155

11c. Registration/
Document Number

P94000026576

100002751981--7
-01/22/98--01101--009
***150.00 ***150.00

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

DATE 12/28/98

Typed or Printed Name of General Partner Signing Form CHARLES A. GOODPASTER

Daytime Telephone Number 305 663-0055

CR2E003 (8/98)