

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT  
TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1998



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 FEB -2 PM 2:43

1. Name of Limited Partnership

1a. DOCUMENT #  
**A95000000654**

**SENTRY MINI-STORAGE PARTNERSHIP, LTD.**



Mailing Address

C/O J B MANAGEMENT, INC.  
300 SOUTH DUNCAN AVENUE, STE. 300  
CLEARWATER FL 34615

Principal Office Address

C/O J B MANAGEMENT, INC.  
300 SOUTH DUNCAN AVENUE, STE. 300  
CLEARWATER FL 34615

3. Date Formed or Registered

04/19/1995

3a. Date of Last Report

02/06/1997

4. State or Country of Formation

FL

5a. Capital Contributions as  
Shown on record.

\$100.00

5b. Amount of Capital  
Contributions in FLORIDA  
to date

2. Mailing Address

300 South Duncan Avenue

Suite, Apt. #, etc.  
Suite 275

City & State

Clearwater, FL 33755

Zip  
33755

Country  
Pinellas

2a. Principal Office Address

300 S. Duncan Ave.

Suite, Apt. #, etc.

275

City & State

Clearwater, FL

Zip  
33755

Country  
Pinellas

6. FEI Number

59-2156857

☐ 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

LETELLEIR, JOSEPH T  
C/O J B MANAGEMENT, INC.  
300 SOUTH DUNCAN AVENUE, STE. 300  
CLEARWATER FL 34615

10. If changed, new Registered Agent/Office

Name

Cheryl J. Cornelius c/o JB Management, Inc.

Street Address (P.O. Box Number Is Not Acceptable)  
300 A. Duncan Avenue, Suite 275

Suite, Apt. #, etc.

Suite 275

City  
Clearwater

Zip Code  
FL 33755

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)

*Cheryl J. Cornelius*

DATE 1/15/98

**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)

BARRETT, JOHN P JR. M.D

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

300 SOUTH DUNCAN AVEN

11b. City, State & Zip Code

CLEARWATER FL 34615

11c. Registration/  
Document Number

200002424132---3  
-02/06/98-01120-005  
\*\*\*\*141.25 \*\*\*\*141.25

52.50

88.75

dec

**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

*John P. Barrett, Jr.*

DATE

1/15/98

Typed or Printed Name of General Partner Signing Form

John P. Barrett, Jr.

Daytime Telephone Number

813-461-7700

CR2E003 (6/97)