## 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

1. Name of Limited Partnership

a. DOCUMENT # **A95000001314** 

THE STORAGE CONNECTION OF ST. LUCIE WEST, LTD.

98 DEC 26 AM 10: 46



PALM CITY FL 34990  PALM CITY FL 34990  PALM CITY FL 34990  3a. Date of Last Report 12/30/1996  5b. Amount of Capital Contributions in FL ORIDA to tele City & State  City & State  City & State  City & State  Country  Typ  Country  Typ  Country  Typ  Country  Typ  Country  To  To  To  To  To  To  To  To  To  T						
### Author OTY FL 34990    3a. Date of Leaf Report   12/30/1996   5b. American of Capital Continuation in FL Official Continuation in FL Offic	Mailing Address	Principal Office Address		3. Date Formed or Registered	<b>5a.</b> Capital Contributions as Shown on record.	
2. Mailing Address 2. Mailing Address 2. Mailing Address 3. Suite, Apt. #, etc.  Tocurity  8. Make glass problets for the structure of security and for expending and fo	6055 S.W. MAPP ROAD	6055 S.W. MAPP ROAD	6055 S.W. MAPP ROAD		<b>\$700.000.00</b>	
2. Mailing Address 2. Principal Office Address 3. Sulfa, Apt. 4, etc. 5. Sulfa, Apt. 4, etc. 5. Sulfa, Apt. 4, etc. 6. Ft. Number 6. Ft. Sulfa State 7. Country 7p Country 8. Make gase papers page page page page page page page page	PALM CITY FL 34990	PALM CITY FL 34990		3a. Date of Last Report	\$700,000.00	
28. Principal Office Address Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Zip Country Tip				12/30/1996	5b. Amount of Capital	
Sulfe, Apt. #, etc.  City & State  City & State  City & State  To Country  Typ  Typ  Country  Typ  Typ  Typ  Typ  Typ  Typ  Typ  T	2 Malling Address	29 Dringing Office Address		4. State or Country of Formation	to date	
City & State  To Country  Country  To Co	THAINING MODES	La. Findipal Office Address		FL	700,000	
City & State  Zip  Country  A Make glack payable to press see See See See See See See See See	Suite, Apt. #, etc.	Suite, Apl. #, etc.		6. FEI Number		
The Country   To	City & State	City & State		65-0612035	Applied For Not Applicable	
8. Make check youthlost Don't also be graphed of the Internation of Service Internation of				7. Certificate of Status Desired		
9, Name and Address of Current Registered Agent  10, If changed, new #####541.25  JONES, FARRELL B  8055 S.W. MAPP ROAD  PALM CITY FL 34990  Sircet Address (P.O. Box Number Is Not Acceptable)  Suite, Apt. #, etc.  City  FL  Zip Code  To the purpose of changing its registered office or registered agent, or both, in the Strite of Florida. Such change was sutherized by its general partner(s). I hereby accept the appointment of registered agent, or both, in the Strite of Florida. Such change was sutherized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 670.182, Florida Statutes.  SIGNATURE (Registered Agent Accepting Appointment).  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)  PALM CITY FL 34990  P95000035359	Zip Country	<b>7i</b> p	Country	B. Make chark payable to: Dept. et		
9. Name and Address of Current Registered Apent  10. If changed, new *****541.25    Name			<u>.</u>		2334515 279201102013	
Street Address (P.O. Box Number is Not Acceptable)	9. Name and Address of Curr	ent Registered Agent				
Street Address (P. O. Box Number is Not Acceptable)  Suite, Apt. #, etc.  City  FL  7tp Code  The purpose of changing lis registered office or registered agent, or bolls, in the State of Florida. Such change was sutherized by its general partner(s). hereby accept the appointment of registered agent, and face partnership organized or registered by its general partner(s). hereby accept the appointment of registered agent, and face partnership organized or registered by its general partner(s). hereby accept the appointment of registered agent, and face partnership organized or registered by its general partner(s). hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620-192, Fonds Statutes.  A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  1. Name(s) of General Partner(s)  11a. (Not Not) by Post Office flox Numbers)  11b. City, State 8-7:p Code  11c. Registration December Number  THE STORAGE CONNECTION, INC.  6055 S.W. MAPP ROAD  PALM CITY FL 34990  P95000035359	6055 S.W. MAPP ROAD					
Suite. Apt. #, etc.  City FL 34990  Suite. Apt. #, etc.  City FL 74p Code  The District of the provisions of sections 820 1051 and 620 192. Floridal Statutes, the above-named limited pertnership organized or registered under the laws of the State of Floridal, submitle this state of Floridal Statutes.  PARTIES TORAGE CONNECTION, INC.  Suite. Apt. #, etc.  City FL 74p Code  The Code  The Code  Typ Code  The Code  Typ Code  The Code  Typ Code  Typ Code  The Code  Typ Code  Typ Code  Typ Code  The Code  Typ Code  The Code  Typ Code  The Code  Typ Code  The Code  T			Street Address (P.O. Box Number Is Not Acceptable)			
Ida.   Pursuant to the provisions of sections 6/20 192, 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 femiliar with, and accept the obligations of section 6/20 192, Florida Statutes.    Ida			Suite, Apt #, etc.			
The storage connection, Inc.   The storage connection is the storage connection in the storage connection is the stora			City		Zin Code	
for the purpose of changing its registered office or registered agent, or bolls, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am femiliar with, and accept the obligations of section 620.192, Florida Statutes.    CATE   CATE			0,,		FL   100000	
THE STORAGE CONNECTION, INC.  6055 S.W. MAPP ROAD  PALM CITY FL 34990  P95000035359	for the purpose of changing its registered office	or registered agent, or both, in the State of F	med limited partners Torida. Such change	hip organized or registered under the laws of t was authorized by its general partner(s). I her	he State of Florida, submits this statemen reby accept the appointment of registered	
	for the purpose of changing its registered office agent. I am familiar with, and accept the obligation of the second seco	or registered agent, or bolls, in the State of Fitns of section 620.192, Florida Statutes.  T IS A CORPORATION, ST BE REGISTERED AI  Address of Each Gene	LIMITED F ND ACTIVE oral Partner	DATE WARTNERSHIP OR OTHE WITH THIS OFFICE.	R BUSINESS ENTITY	
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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 logal effects as if made under eath. 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

Typed or Printed Name of General Partner Signing Form