

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A95000001365**

1. Entity Name

**BOCA STORAGE PARTNERS, LTD.**

**FILED**

**Mar 03 2000 8:00 am**

**Secretary of State**

Principal Place of Business  
**3300 PGA BLVD., STE. #620**  
**PALM BEACH GARDENS FL 33410-2811**

Mailing Address  
**3300 PGA BLVD., STE. #620**  
**PALM BEACH GARDENS FL 33410-2811**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>65-0612249</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>MCINTOSH, ROBERT A</b> <b>3300 PGA BLVD., STE. #620</b> <b>PALM BEACH GARDENS FL 33410-2811</b>				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.

SIGNATURE _____		(NOTE: Registered Agent signature required when reinstating)		DATE _____	
9. Capital Contributions as Shown on record. <b>\$1,800,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date.		11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	

**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 #	P95000070698			STREET ADDRESS			
NAME	COMAC BOCA, INC.			CITY - ST - ZIP			
STREET ADDRESS	3300 PGA BLVD., STE. #620						
CITY - ST - ZIP	PALM BEACH GARDENS FL 33410-2811						
DOCUMENT #				STREET ADDRESS			
NAME				CITY - ST - ZIP			
STREET ADDRESS							
CITY - ST - ZIP							
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NAME				CITY - ST - ZIP			
STREET ADDRESS							
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

**Robert A. McIntosh**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/99)