

FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

DIVISION OF CORPORATIONS

A95000001723 DOCUMENT #

1. Name of Limited Partnership

SMALL WAREHOUSES LIMITED PARTNERSHIP

trustee empowered to execute this report as required by chapter 620, Florida Statutes.

Typed or Printed Name of General Partner Signing Form

FILED

00 APR -7 PM 1: 30

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DATE

Suite, Apt. #, etc. NA 1 City & State FT. LAUDERDA Zip 33306	LE, FLORID	5. FEI Number 65-0625437 6. CERTIFICATE OF STATUS DESIRED [DA 7a. Capital Contributions as shown on	Applied For Not Applicable \$8.75 Additional Fee required for a Certificate of Status	
FT. LAUDERDA	ountry	CERTIFICATE OF STATUS DESIRED		
^z ig 33306	USA	7a. Capital Contributions as shown on		
		2,625,000.00 7b. Amount of Capital Contributions in		
8- Name and Address of Current Registered Agent			-0-	
		1.) Filing Fee(s): Computed at a rate of \$ in 7b, with a minimum filing fee of \$52 for each year due this office. 2.) Supplemental Fee(s): \$88.75 for each with 1992 calendar year. 3.) Penalty Fee(s): \$500 penalty fee for g Note: If the amount entered in 7b is g 7a, a supplemental affidavit must be s and appropriate filing fee.	7 per \$1,000 on amount entered 2.50 and a maximum of \$437.50, a year due this office, beginning tach year report form is delinquent preater than amount entered in submitted along with a separate	
9. 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) NA DATE NA DATE NA A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.				
Address of Each Gen	neral Partner #	City, State and Zip Code	10a- Registration Occument Number	
. 2866_N.E3	OTH_STFT	LAUDERDALE, FL 33306		
88-75 88-75 88-75		300 33 992 -04/19/0 ***2563	97.00 dec	
	State FL 0.192, Florida Statutes, the above-nar stered agent, or both, in the State of Fsection 620.192, Florida Statutes. NA IS A CORPORATION THE REGISTERED Address of Each Ger (Do NOT Use Post Office) 2866 N.E	State FL 33306 0.192, Florida Statutes, the above-named limited partnership or stered agent, or both, in the State of Florida. Such change was section 620.192, Florida Statutes. NA IS A CORPORATION, LIMITED PATERED AND ACTIVE Address of Each General Partner (Do NOT Use Post Office Box Numbers) 2866—N. E. 30TH_ST. FT 2866 N. E. 30TH ST. FT	2.) Supplemental Fee(s): \$88.75 for each with 1992 calendar year. 3.) Penalty Fee(s): \$500 penalty fee for go Note: If the amount entered in 7b is government of the state of the same appropriate filling fee. 0.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of stered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accessection 620.192, Florida Statutes. NA DATE IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER THE REGISTERED AND ACTIVE WITH THIS OFFICE. Address of Each General Partner (Do NOT Use Post Office Box Numbers) City, State and Zip Code 2866—N. E. 30TH—ST. FT. LAUDERDALE, FL. 33306 2866 N.E. 30TH ST. FT. LAUDERDALE, FL. 34/19/19/19/19/19/19/19/19/19/19/19/19/19/	

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)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) 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

James F. Doane, Maney L. Brone DAT JAMES F. DOANE, GENERAL PARTNERS