## **2002 UNIFORM BUSINESS REPORT (UBR)**

STAPLE CHECK HERE

DOCU 1. Entity Nam		# A9600	0000484				;		
PINES WEST STORAGE PARTNERS, LTD.						SECRETARY OF STATE TALLAHASSEE, FLORIDA			;
Principal Place of Business % RiCHARD COLLUM 540 SW 27TH AVENUE FORT LAUDERDALE FL 33312			Mailing Address % RICHARD COLLUM 540 SW 27TH AVENUE FORT LAUDERDALE FL 33312			02 MAR 29			
2. Principal P	lace of Busin	ess	3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.		DUE BY MAY 1, 2002				
City & State			City & State		4. FEI Number 65-0648411		Applied For Not Applicable		
Zip Country  6. Name and Address of Current		Zip	Country		5. Certificate of Status Desired	Fe	8.75 Additional e Required		
	6Name	end Address of Current I	legistered Agent	-	Name	7Name and Address of New Ro	gistered Ag	ent	=
COLLUM MANAGEMENT CORP.					Street Address (P.O. Box Number is Not Acceptable)				
540 S.W. 27TH AVENUE FORT LAUDERDALE FL 33312									$\dashv$
FUR! LA	ODENDALE	1 L 33312		City			FL	Zip Code	$\dashv$
8. The above named entity submits this statement for the purpose of changing its reg					ed office or register	FE   '			-
o. The above	named entity	SOOTHIS THIS STATE HERE TO	the purpose of changing it	a register	ed diffice of register	red agent, or both, in the state of thor	ica.		
SIGNATURE .	Signature, typed	or printed name of registered agent a	nd title If applicable.				DATE	·	
9. Capital Contributions as Shown on record. \$900,000.00 10. Amount of Capital Coin FLORIDA to date.					butions	<b>.</b>		O DEPT. OF STATE FEE INFORMATION	
						TERED AND ACTIVE WITH THE		er.	
12.		GENERAL PARTNER		13.		ADDRESS CHA			╡,
DOCUMENT # NAME STREET ADDRESS	P9600006202 COLLUM MANAGEMENT CORP. 540 S.W. 27TH AVENUE				EET ADDRESS			ALI	- 10/o/ er
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indicated	on this repor	t is true and accurate and t	this filing does not qualify to hat my signature shall have report as required by Char	the same	e legal effect as if n Florida Statutes	ection 119.07(3)(i), Fiorida Statutes. I inade under oath; that I am a General	Partner of the	e limited partnership or	
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daylime Phone #									