



2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

Feb 17, 2004 08:00 AM
Secretary of State

DOCUMENT # A96000000484 1. Entity Name PINES WEST STORAGE PARTNERS, LTD.					
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		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
01152004 Chg-LP CR2E003 (10/03)		4. FEI Number 65-0648411			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable			
6. Name and Address of Current Registered Agent COLLUM MANAGEMENT CORP. 540 S.W. 27TH AVENUE FORT LAUDERDALE, FL 33312			7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$900,000.00		10. Amount of Capital Contributions in FLORIDA to date.			
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 # NAME STREET ADDRESS CITY-ST-ZIP	P96000006202 COLLUM MANAGEMENT CORP. ✓ 540 S.W. 27TH AVENUE FORT LAUDERDALE, FL 33312		STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP	
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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					
SIGNATURE:  Richard M. Collum 2/10/04 (954) 583-1045 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #</small>					

STAPLE CHECK HERE