FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # A9600001755

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

98 NOV 16 PM 12: 06

KISSIMMEE STORAGE PARTNERS, LTD.				
Mailing Address 3300 PGA BLVD SUITE 620 PALM BEACH GARDENS FL 33410-2811 2. Mailing Address Suite, Apt. #, etc. City & State Zip Country	Principal Office Address 3300 PGA BLVD SUITE 620 PALM BEACH GARDENS FL 33410-2811 1 2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		3. Date Formed or Registered 09/23/1996 3a. Date of Last Report 10/21/1997 4. State or Country of Formation FL 6. FEI Number 65-0702147 7. Certificate of Status Desired 8. Make check payable to: Dept. of S	5a. Capital Contributions as Shown on record. \$524,400.00 5b. Amount of Capital Contributions in FLORIDA to date: 524,400.0 Applied For Not Applicable \$8.75 Additional Fee Required tate (See reverse side for fee information)
3300 PGA BLVD., SUITE 620		Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code Address (P.O. Box Number is Not Acceptable)		
A GENERAL PARTNER THAT IS MUST I 11. Name(s) of General Partner(s) COMAC KISSIMMEE, INC.	A CORPORATION, LIMBE REGISTERED AND A 11a. Address of Each General Park (Do NOT Use Post Office Box No.) 3300 PGA BLVD., SUITE	ACTIVE WI	TH THIS OFFICE. City, State & Zip Code LM BEACH GARDENS FL 900021 -11/19	P96000077839 91759—2 /38-01079-021 /6.25 ****526.25

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. 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)(k), Florida Statutes. I release the Division of

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 legal effects as if made under oath. 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.

Daytime Telephone Number