

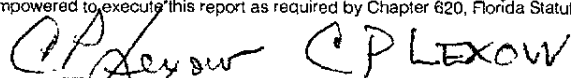


FILED
May 04, 2004 08:00 AM
Secretary of State

DOCUMENT # A96000002040						Secretary of State	
1. Entity Name SHERIDAN EXTRA CLOSET II, LTD.							
Principal Place of Business 3900 HOLLYWOOD BLVD., PENTHOUSE NORTH HOLLYWOOD, FL 33021			Mailing Address 3900 HOLLYWOOD BLVD., PENTHOUSE NORTH HOLLYWOOD, FL 33021				
2. Principal Place of Business			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04282004 Chg-LP CR2E003 (10/03)	
City & State			City & State			4. FEI Number 65-0673819	
Zip		Country	Zip		Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent		
LEXOW, CLAUSON P 3900 HOLLYWOOD BLVD., PH-N HOLLYWOOD, FL 33021					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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>							
9. Capital Contributions as Shown on record. \$71,000.00				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 #	P95000097531			STREET ADDRESS			
NAME	SHERIDAN STORAGE MANAGEMENT, INC.						
STREET ADDRESS	3900 HOLLYWOOD BLVD., PENTHOUSE NORTH			CITY - ST - ZIP			
CITY - ST - ZIP	HOLLYWOOD, FL 33021						
DOCUMENT #				STREET ADDRESS			
NAME							
STREET ADDRESS				CITY - ST - ZIP			
CITY - ST - ZIP							
DOCUMENT #				STREET ADDRESS			
NAME							
STREET ADDRESS				CITY - ST - ZIP			
CITY - ST - ZIP							
DOCUMENT #				STREET ADDRESS			
NAME							
STREET ADDRESS				CITY - ST - ZIP			
CITY - ST - ZIP							
DOCUMENT #				STREET ADDRESS			
NAME							
STREET ADDRESS				CITY - ST - ZIP			
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							
SIGNATURE: 				4/28/04			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>				<small>Date Daytime Phone #</small>			