## FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Elmited Partnership

1a. DOCUMENT # **A9700000501** 

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

97 DEC -4 PH 2: 43



STORAGE PARTNERS OF WINTER PARK, LTD.		4 440/01/17010 104/1/104/1	( 40010)( 7919 194)( 1980) 001)( 001)( 001)( 001)( 001)( 001)( 001)( 001)( 001)( 001)( 001)( 001)( 001)( 001)(	
Malling Address  725 SKIPPACK PIKE, SUITE 305 BLUE BELL PA 19422  2. Mailing Address	Principal Office Address  725 SKIPPACK PIKE. BUITE 305 BLUE BELL PA 19422  28. Principal Office Address	3. Date Formed or Registered 02/27/1997 3a. Date of Lest Report 4. State or Country of Formation	5a. Capital Contributions as Shown on record.  \$315,800.00  5b. Amount of Capital Contributions in FLORIDA to date:	
Suite, Apt. #, etc.  City & State	Suite, Apt. #, etc. City & State	FL 6. FEI Number  7. Certificate of Stalus Desired	4 315,800 Applied For Not Applicable \$8.75 Additional	
Zip Country	7ip Cou	Con Decrised		
9, Name and Address of Current Registered Agent		10. If changed, new Register	10. If changed, new Registered Agent/Office	
C T CORPORATION SYSTEM  1200 SOUTH PINE ISLAND ROAD  PLANTATION FL 33324  10a. Pursuant to the provisions of sections 620 1051 and 620 192, Florida Statutes, the abover for the purpose of changing its registered effice or registered agent, or both, in the State of agent, I am familiar with, and accept the obligations of section 620.192, Florida Statutes.  SIGNATURE (Registered Agent Accepting Appointment)		Street Address (P.O. Box Number Is Not Acceptable)  Suite. Apt. #, etc.  City  FL  7 p Code  The		
A GENERAL PARTNER T		ITED PARTNERSHIP OR OTHI		
11. Name(s) of General Partner(s)	11a. Address of Each General Part (Do NOT Use Post Office Box Nur		11c. Registration/ Document Number	
STORAGE DEVELOPERS, L.P.	725 SKIPPACK PIKE, SU	BLUE BELL PA 19422	B9700000115	
		800002 -12/1 ****	23 <b>710884</b> 2/9701095020 541.25 ****541.25	
1.00 100 Miles			KWM	

2. I do hereby certily 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 logal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trusted empowered to execute this report as required by chapter 620, Florida Statutes.

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

SIGNATURE

Typed or Printed Name of General Partner Signing Form

Jarry Bend

DATE  $\frac{1}{1}$   $\frac{1}{1}$   $\frac{1}{1}$   $\frac{1}{1}$  Daylime Telephone Number  $\frac{1}{1}$   $\frac{1}$