

2001 UNIFORM BUSINESS REPORT (UBR)

00195 3 AB

DOCUMENT # A97000000501

1. Entity Name

STORAGE PARTNERS OF WINTER PARK, LTD.

FILED

APR -4 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

725 SKIPPACK PIKE, SUITE 305
BLUE BELL PA 19422

Mailing Address

725 SKIPPACK PIKE, SUITE 305
BLUE BELL PA 19422



2. Principal Place of Business

5650 GREENWOOD PLAZA BLVD

3. Mailing Address

5650 GREENWOOD PLAZA BLVD

Suite, Apt. #, etc.

#143

Suite, Apt. #, etc.

#143

DO NOT WRITE IN THIS SPACE

City & State

GREENWOOD VILLAGE CO

City & State

GREENWOOD VILLAGE CO

4. FEI Number

23-2883348

Applied For

Not Applicable

Zip

80111

Country

Arapahoe

Zip

80111

Country

Arapahoe

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

\$315,800.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**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 # B9700000115
NAME STORAGE DEVELOPERS, L.P.
STREET ADDRESS 725 SKIPPACK PIKE, SUITE 305
CITY-ST-ZIP BLUE BELL PA 19422

STREET ADDRESS 5650 GREENWOOD PLAZA BLVD #143
CITY-ST-ZIP GREENWOOD VILLAGE CO 80111

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP 300004008763--4
-04/13/01--01093--006

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP *****263.00 *****263.00

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP 300004008763--4
-04/13/01--01093--007
*****263.25 *****263.25

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NAME
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CITY-ST-ZIP

STREET ADDRESS
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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Barry Bender
Partner
Date 3/1/01
Daytime Phone # (303) 290-9100

CR2E003 (11/00)