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

97 SEP 22 PM 12: 49

1. Name of Limited Par		A97000001		···- <u>-</u>				
Mailing Address 4139 BURNS ROAD		Principal Office Address 4139 BURNS ROAD	4139 BURNS ROAD		3. Date Formed or Registered 05/20/1997	1	5a. Capital Contributions as Shown on record.	
PALM BEACH GARDENS	S FL 33410	PALM BEACH GARDENS FL 33410)		38. Date of Last Report 4. State or Country of Formation		ount of Capital tributions in FLORIDA	
2. Malling Address		28. Principal Office Address	28. Principal Office Address		FL			
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			6. FEI Number	Applied For		
City & State		City & State			7. Certificate of Status Desired	Not Applicable \$8.75 Additional Fee Regulred		
Zip Country		Zip	Zip Country		8. Make check payable to: Dept. of State (See reverse side for fee Information)			,
9. Name and Address of Current Registered Agent				10. If changed, new Registered Agent/Office				
441 SELF STORAGE, INC. 4139 BURNS ROAD			Street Address (P.O. Box Number Is Not Acceptable)					
PALM BEACH GARDENS FL 33410			Suite, Apt. #, etc.					1
i '			City	****		FI	Zip Code	{
for the purpose agent. I em famili	of changing its registered offici lier with, and accept the obliga Agent Accepting Appointment	n and 620.192, Florida Statutes, the above-name or registered agent, or both, in the State of Fictions of section 620.192, Florida Statutes. AT IS A CORPORATION, I	rida. Such cha	nge was au	thorized by its general partner(s). I her	eby accept th	e appointment of registered	
	eneral Partner(s)	11a. Address of Each Gener		11b.	City, State & Zip Code	11c.	Registration/ Document Number	1
441 SELF STORAGE, INC.		4139 BURNS ROAD			PALM BEACH GARDENS FL		P97000044211 89 80 80 80 80 80 80 80 80 80 80 80 80 80	
					700002 -09/28 *****	5104 57970 41.25	72-70 1069002 ****541.25	CR2E0
· _		(KWM	
Note: Genera	l partners MAY N	OT be changed on this form	n; an am	endme	ent must be filed to ch	ange a g	eneral partner.	1
12. I do hereby certify Corporations from this annual report is empowered to exe	that the information supplied wany liability of non-compliance	with this filing is voluntarily furnished and does n with Section 119.07(3)(y) in the event that the it y signature/shall have the same legal effects as	ot qualify for the	e exemption ofied is deer	n stated in Section 119.07(3)(k), Florida med exempt from public access. I furth ner certify that I am a General Partner c	Statutes. I rel ner certify that if the limited p	ease the Division of the information Indicated on artnership, receiver or trustee	
SIGNATURE 4				DATE 9-18-97				
Typed or Printed Name of	General Partner Signing Form				Daytime Telephone Number			