

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 29, 2000 08:00 AM  
Secretary of State

DOCUMENT # **A97000001819**

1. Entity Name

AVENTURA SELF STORAGE LIMITED PARTNERSHIP

Principal Place of Business

19501 BISCAYNE BLVD., SUITE 400  
ATTN: LEGAL DEPT.  
AVENTURA  
33180

FL

Mailing Address

19501 BISCAYNE BLVD., SUITE 400  
ATTN: LEGAL DEPT.  
AVENTURA  
33180

FL

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0779251**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHWARTZ DANIEL J  
19501 BISCAYNE BLVD., SUITE 400  
ATTN: LEGAL DEPT.  
AVENTURA  
33180

FL

US

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 **DANIEL SCHWARTZ**

**04/29/2000**

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. 100.00

10. Amount of Capital Contributions

in FLORIDA to date. 100.00

**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 #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
GRAMMACY, INC.  
19501 BISCAYNE BLVD., SUITE 400  
AVENTURA FL 33180

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TURNBERRY SELF STORAGE, INC.  
19501 BISCAYNE BLVD., SUITE 400  
AVENTURA FL 33180

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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: Daniel Schwartz

D 04/29/2000