2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # A9800001389 1. Eritify Name				FILED
LANTAN	A STORAGE PARTNERS, LTD.	1500	î.	02 APR -9 PM 3: 33
Principal Place of Business Mailing Address 3300 PGA BLVD SUITE 620 3300 PGA BLVD SUITE 620 PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL				SECRETARY OF STATE TALLAHASSEE. FLORIDA
2. Principal Place of Business 3. Mailing Address				
Suite, Apt. #, etc. Suite, Apt. #, etc.			DUE BY MAY 1, 2002	
City & State City & State			4. FEI Number 65-0840387 Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent
COMPO LANDAMA INC				
COMAC LANTANA, INC. 3300 PGA BLVD., SUITE 620			Street Addre	ess (P.O. Box Number is Not Acceptable)
PALM BEACH GARDENS FL 33410			City	E
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.				
9. Capital Co as Shown		 Amount of Capital in FLORIDA to dat 		11. MAKE CHECK PAYABLE TO DEPT OF STATES SEE REVERSE SIDE FOR FEE INFORMATION 13.
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 # P98000044807 NAME COMAC LANTANA, INC.			STREET ADDRESS	(mg) 1 1/02
STREET ADDRESS CITY-ST-ZIP	AAAA DOM DOM SIADD ONET AAA		CITY-ST-ZIP	100 3/11
DOCUMENT #			STREET ADDRESS	100
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP	
~DOCUMENT # · NAME	ر المحمد	<u></u>	STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP	3000052582533
DOCUMENT # NAME	·.		STREET ADDRESS	****526.25 *****526.25
STREET AODRESS CITY-ST-ZIP			CITY-ST-ZIP	
DOCUMENT # NAME			STREET ADDRESS	
STREET; ADDRESS CITY-S7-ZIP			CITY-ST-ZIP	
DOCUMENT #			STREET ADDRESS	
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				