


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A98000002564	
1. Entity Name HARBOR STORAGE, LTD.	

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

04 MAR -5 AM 10:49

Principal Place of Business 5665 US HIGHWAY 1 NORTH VERO BEACH, FL 32967	Mailing Address 5665 US HIGHWAY 1 NORTH VERO BEACH, FL 32967
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01142004 Chg-LP CR2E003 (10/03)

4. FEI Number 23-3004201	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BLOCK, SAMUEL A 2127 10TH AVENUE VERO BEACH, FL 32960	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE _____
9. Capital Contributions as Shown on record. \$10,000.00	10. Amount of Capital Contributions in FLORIDA to date.	

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 #	L98000002713	STREET ADDRESS	
NAME	H.S. ASSOCIATES OF VERO BEACH, L.C.	CITY-ST-ZIP	
STREET ADDRESS	1105 WYLIE ROAD		
CITY-ST-ZIP	WEST CHESTER, PA 19382		
DOCUMENT #		STREET ADDRESS	200030864342
NAME		CITY-ST-ZIP	03/22/04 01020 012 **150.75
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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:  Richard W. Patton, Jr. Partner	Date 3-3-04	Daytime Phone # 610-918-1120
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		

STAPLE CHECK HERE