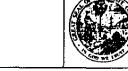
2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

A98000002564

HARBOR STORAGE, LTD.



Principal Place of Business 5665 US HIGHWAY 1 NORTH VERO BEACH FL 32967

Mailing Address 5665 US HIGHWAY 1 NORTH VERO BEACH FL 32967

2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite Ant # etc. 03 APR =8 AM 10: 20 SECRETARY OF STATE TALLAHASSEE, FLORIDA

4: (2)

City & State					DUE BY MAY 1, 2003			
		City & State			4. FEI Number 23-3004201		- Applied For	
							1 Not Applicable	
Zip	Country	Zip	Country		5. Certificate of Status Desired		B.75 Additional se Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
BLOCK, SAMUEL A 2127 10TH AVENUE VERO BEACH FL 32960				Name				
				Street Address (P.O. Box Number is Not Acceptable)				
				City		FL	Zip Code	
. The above nam the obligations	ed entity submits this stateme of registered agent.	nt for the purpose of char	iging its registere	d office or reg	istered agent, or both, in the State of Florida	ı. Lam lan	niliar with, and accept	

9. Capital Contributions

as Shown on record.

Signature, typed or printed name of registered agent and title if applicable \$10,000.00

,000

11. MAKE CHECK PAYABLE TO FL. 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,

10. Amount of Capital Contributions

in FLORIDA to date.

12.	GENERAL PARTNER INFORMATION	1 13.	ADDRESS CHANGES ONLY
DOCUMENT / HAME	L98000002713 H.S. ASSOCIATES OF VERO BEACH, L.C.	STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP			
DOCUMENT /		STREET ADDRESS	
STREET ADDRESS CATY-ST-ZIP		CITY-ST-ZIP	400015459754 0470870501008018 **158.75
DOCUMENT / NAME		STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT /		STREET ADDRESS	
STREET ADDRESS' CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT /		STREET ADDRESS	
STREET ADDRESS CITY+ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
STREET ADDRESS City-St-Zip	i i		

Thereby 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. PATTER, JL