2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 06, 2005 08:00 AM
Secretary of State

DOCUMENT # A99000000251

1. Entity Name
PINES SELF STORAGE ASSOCIATES, LTD.

Principal Place of Business
12000 BISCAYNE BLVD., PENTHOUSE 810
MIAMI, FL 33181

Mailing Address
12000 BISCAYNE BLVD., PENTHOUSE 810
MIAMI, FL 33181

04202005 Chg-LP CR2E003 (10/03)

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 65-0914681 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

UNIVERSITY AND PINES, INC.
12000 BISCAYNE BLVD., PENTHOUSE 810
MIAMI, FL 33181

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ____________________ Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record. $1,000.00

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 #	A99000000250	STREET ADDRESS	
NAME	8321 PINES BOULEVARD, LTD.		
STREET ADDRESS	12000 BISCAYNE BLVD., PENTHOUSE 810	CITY-ST-ZIP	U00000363928 05/06/05-80020-005 141.25
CITY-ST-ZIP	MIAMI, FL 33181		
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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: Lou Ireland VP   4-20-05   305-891-6806
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER   Date   Daytime Phone #

University & Pines, Inc.
LOU IRELAND

STAPLE CHECK HERE