


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
May 06, 2004 08:00 AM
Secretary of State

DOCUMENT # A99000000434					
1. Entity Name A+ MINI STORAGE - DORAL, LTD.					
Principal Place of Business 12345 S.W. 117TH COURT MIAMI, FL 33186		Mailing Address 12345 S.W. 117TH COURT MIAMI, FL 33186			
2. Principal Place of Business		3. Mailing Address			
Suite Apt # etc		Suite Apt # etc		02062004 Chg-LP CR2E003 (10/03)	
City & State		City & State		4. FEI Number 65-0903643	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ATRIUM REGISTERED AGENTS, INC. 1500 SAN REMO AVENUE, SUITE 125 CORAL GABLES, FL 33146			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 _____ <small>Signature of the principal or registered agent and the filer</small>					
9. Capital Contributions as Shown on record. \$1,000,000.00		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 #	L99000001385	STREET ADDRESS			
NAME	RMN INVESTMENTS, LLC	CITY ST ZIP			
STREET ADDRESS	12345 S.W. 117TH COURT		U00000160005		
CITY ST ZIP	MIAMI, FL 33186		05/13/04-80004-010-526.25		
DOCUMENT #		STREET ADDRESS			
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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)(c), 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

STAPLE CHECK HERE