

# 2001 UNIFORM BUSINESS REPORT (UBR)

0008862 AF


<b>DOCUMENT #</b>	<b>A99000001803</b>
<b>1. Entity Name</b>	
NOB HILL STORAGE LIMITED PARTNERSHIP	

<b>Principal Place of Business</b>	<b>Mailing Address</b>
751 PARK OF COMMERCE DRIVE, SUITE 128 BOCA RATON FL 33487	751 PARK OF COMMERCE DRIVE, SUITE 128 BOCA RATON FL 33487

<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

<b>City &amp; State</b>	<b>City &amp; State</b>
Zip	Country

**FILED**  
01 MAY 17 AM 11:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

<b>4. FEI Number</b>	<b>65-0960433</b>	<b>Applied For</b>
		<b>Not Applicable</b>
<b>5. Certificate of Status Desired</b>		<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
FLORIDA LAWDOK, INC. 222 LAKEVIEW AVENUE WEST PALM BEACH FL 33402	<b>Name</b>
	<b>Street Address (P.O. Box Number is Not Acceptable)</b>
	<b>City</b>
	<b>FL</b> <b>Zip Code</b>

**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

<b>9. Capital Contributions as Shown on record.</b>	<b>\$100.00</b>	<b>10. Amount of Capital Contributions in FLORIDA to date.</b>	<b>11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
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**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	
<b>DOCUMENT #</b>	<b>P99000093694</b>	<b>STREET ADDRESS</b>	
<b>NAME</b>	<b>ROYAL PALM STORAGE, INC.</b>	<b>CITY-ST-ZIP</b>	
<b>STREET ADDRESS</b>	<b>751 PARK OF COMMERCE DRIVE, SUITE 128</b>		
<b>CITY-ST-ZIP</b>	<b>BOCA RATON FL 33487</b>		
<b>DOCUMENT #</b>		<b>STREET ADDRESS</b>	
<b>NAME</b>		<b>CITY-ST-ZIP</b>	
<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>			
<b>DOCUMENT #</b>		<b>STREET ADDRESS</b>	
<b>NAME</b>		<b>CITY-ST-ZIP</b>	
<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>			
<b>DOCUMENT #</b>		<b>STREET ADDRESS</b>	
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<b>STREET ADDRESS</b>			
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<b>DOCUMENT #</b>		<b>STREET ADDRESS</b>	
<b>NAME</b>		<b>CITY-ST-ZIP</b>	
<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>			

**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:**  **5/1/01** **561-983-7770**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)