

# 2002 UNIFORM BUSINESS REPORT (UBR)

0004084 AV

**DOCUMENT # A99000001803**  
 1. Entity Name  
**NOB HILL STORAGE LIMITED PARTNERSHIP**

FILED  
 02 MAY 22 AM 10:56  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business: **751 PARK OF COMMERCE DRIVE, SUITE 128 BOCA RATON FL 33487**  
 Mailing Address: **751 PARK OF COMMERCE DRIVE, SUITE 128 BOCA RATON FL 33487**



2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.

City & State

**DUE BY MAY 1, 2002**

4. FEI Number: **65-0960433**

Applied For:  Not Applicable

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

**6. Name and Address of Current Registered Agent**  
**COLMAN, NANCY B ESQ.**  
**150 EAST PALMETTO PARK ROAD**  
**SUITE 750**  
**BOCA RATON FL 33432**

**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.

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

9. Capital Contributions as Shown on record: **\$100.00**

10. Amount of Capital Contributions in FLORIDA to date:

11. **MAKE CHECK PAYABLE TO 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.**

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	<b>P99000093699</b>
NAME	<b>NOB HILL STORAGE, INC.</b>
STREET ADDRESS	<b>751 PARK OF COMMERCE DRIVE, SUITE 128</b>
CITY-ST-ZIP	<b>BOCA RATON FL 33487</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>400005691804--4</b>
CITY-ST-ZIP	<b>06/05/02 01016 005</b> <b>****150.00 ****150.00</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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:** *SIGNATURE REQUIRED* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER** *Shokey* **Date** *(361)982-7770* **Daytime Phone #**

CRZE003 (9/01)