


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Mar 26, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A99000001803</b> 1. Entity Name <b>NOB HILL STORAGE LIMITED PARTNERSHIP</b>	
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Principal Place of Business <b>751 PARK OF COMMERCE DRIVE, SUITE 128</b> <b>BOCA RATON, FL 33487</b>	Mailing Address <b>751 PARK OF COMMERCE DRIVE, SUITE 128</b> <b>BOCA RATON, FL 33487</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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01122004 Chg-LP CR2E003 (10/03)

4. FEI Number <b>65-0960433</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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<b>COLMAN, NANCY B ESQ.</b> <b>150 EAST PALMETTO PARK ROAD</b> <b>SUITE 750</b> <b>BOCA RATON, FL 33432</b>	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____	DATE _____
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9. Capital Contributions as shown on record. <b>\$100.00</b>	10. Amount of Capital Contributions in FLORIDA to date.
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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	
DOCUMENT #	P99000093698	STREET ADDRESS	
NAME	NOB HILL STORAGE, INC.	CITY - ST - ZIP	
STREET ADDRESS	751 PARK OF COMMERCE DRIVE, SUITE 128		
CITY - ST - ZIP	BOCA RATON, FL 33487		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
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NAME		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)(f), 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

<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	<b>3/15/04</b> Date	<b>561-982-7770</b> Daytime Phone #
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STAPLE CHECK HERE