

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

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

DOCUMENT # A99000001803

1. Entity Name
NOB HILL STORAGE LIMITED PARTNERSHIP



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
 City & State

Zip Country Zip Country



01122004 Chg-LP CR2E003 (10/03)

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

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and file if applicable

9. Capital Contributions as shown on record. **\$100.00**

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	
DOCUMENT #	P99000093699
NAME	NOB HILL STORAGE, INC.
STREET ADDRESS	751 PARK OF COMMERCE DRIVE, SUITE 128
CITY - ST - ZIP	BOCA RATON, FL 33487
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	000000104241 04/06/04-80001-002 150.00
STREET ADDRESS	
CITY - ST - ZIP	
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CITY - ST - ZIP	

STAPLE CHECK HERE

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

SIGNATURE:  DATE: **3/15/04** DAYTIME PHONE #: **561-982-7770**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER