

**2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007**

FILED

2007 MAR 15 AM 10: 35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01102007 Chg-LP CR2E003 (12/06)

DOCUMENT # A99000001803 1. Entity Name NOB HILL STORAGE LIMITED PARTNERSHIP	
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Principal Place of Business 8135 LAKE WORTH RD., SUITE B LAKE WORTH, FL 33467	Mailing Address 8135 LAKE WORTH RD., SUITE B LAKE WORTH, FL 33467
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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4. FEI Number 65-0960433	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$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
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7. Name and Address of New Registered Agent Name <i>NANCY B. COLMAN ESQ.</i> Street Address (P.O. Box Number is Not Acceptable) <i>1075 BROKEN SOUND PARKWAY, NE</i> <i>SUITE 102</i> City <i>BOCA RATON</i> FL Zip Code <i>33489</i>
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00**

**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 # NAME STREET ADDRESS CITY-ST-ZIP	P99000093699 NOB HILL STORAGE, INC. 8135 LAKE WORTH RD., STE B LAKE WORTH, FL 33467	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	300094624483 03/23/07--01053--019 **508.75
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STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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]* _____ *3/9/07* *561-257-0121*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #