

**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			
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	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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		7. Name and Address of New Registered Agent Name NANCY B. COLMAN ESQ. Street Address (P.O. Box Number is Not Acceptable) 1075 BROKEN SOUND PARKWAY, NE SUITE 102 City BOCA RATON FL Zip Code 33489	
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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 #	P99000093699	STREET ADDRESS	
NAME	NOB HILL STORAGE, INC.	CITY-ST-ZIP	
STREET ADDRESS	8135 LAKE WORTH RD., STE B		
CITY-ST-ZIP	LAKE WORTH, FL 33467		
DOCUMENT #		STREET ADDRESS	300094624483
NAME		CITY-ST-ZIP	03/23/07--01053--019 **508.75
STREET ADDRESS			
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 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: _____ **3/9/07** **561-257-0121**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE