

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0004294 AV

DOCUMENT # A99000001803



1. Entity Name
NOB HILL STORAGE LIMITED PARTNERSHIP

FILED

03 APR 10 PM 12:28

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
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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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DUE BY MAY 1, 2003

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

7. Name and Address of New Registered Agent

COLMAN, NANCY B ESQ.
150 EAST PALMETTO PARK ROAD
SUITE 750
BOCA RATON FL 33432

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 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 FL. 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

13. ADDRESS CHANGES ONLY

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

STREET ADDRESS	
CITY-ST-ZIP	

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

STREET ADDRESS	200014109172
CITY-ST-ZIP	04/10/03--01008--001 **141.25

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

STREET ADDRESS	200014109172
CITY-ST-ZIP	03/17/03--01019--002 **0.75

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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]* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/3/03 561-982-7770
Date Daytime Phone #

CR2E003 (10/02)