

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

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

| | | | | | |
|---|---------------------------------------|--|--|------------------------------------|--|
| DOCUMENT # A99000001804 1. Entity Name ROYAL PALM 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. City & State Zip Country | | 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country | | | |
| 01062004 Chg-LP CR2E003 (10/03) | | | | 4. FEI Number 65-0960431 | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For Not Applicable | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> | | | | | |
| 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 | | | 13. ADDRESS CHANGES ONLY | | |
| DOCUMENT # | P99000093694 | | STREET ADDRESS | | |
| NAME | ROYAL PALM STORAGE, INC. | | CITY - ST - ZIP | | |
| STREET ADDRESS | 751 PARK OF COMMERCE DRIVE, SUITE 128 | | | | |
| CITY - ST - ZIP | BOCA RATON, FL 33487 | | | | |
| DOCUMENT # | | | STREET ADDRESS | | |
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| 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: | | | 3/15/04 561-982-7770 <small>Date Daytime Phone #</small> | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER | | | | | |

STAPLE CHECK HERE