

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01 APR -4 AM 7:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0031844 SP

DOCUMENT # L98000001763

1. Entity Name
STORAGE PARTNERS OF WEST COLONIAL, L.L.C.

Principal Place of Business 725 SKIPPACK PIKE. PAREC PLAZA - SUITE 305 BLUE BELL PA 19422	Mailing Address 725 SKIPPACK PIKE. PAREC PLAZA - SUITE 305 BLUE BELL PA 19422
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5650 Greenwood Plaza Blvd	3. Mailing Address 5650 Greenwood Plaza Blvd
Suite, Apt. #, etc. #143	Suite, Apt. #, etc. #143
City & State Greenwood Village CO	City & State Greenwood Village CO
Zip 80111	Country Arapahoe

4. FEI Number 23-2978544	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MANLEY, BRUCE D 725 SKIPPACK PIKE, PAREC PLAZA - SUITE 305 BLUE BELL PA 19422
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1787 Sentry Parkway West Building 16 #400 Blue Bell PA 19422
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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*******50.00**

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Barry Bender **3/1/01** **290-9100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)