2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L99000006193

1. Entity Name
STORAGE PARTNERS OF ABACOA, LLC

FILED
01 MAR 15 PM 8:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
725 SKIPPACK PIKE. STE 305 BLUE BELL PA 19422	725 SKIPPACK PIKE. STE 305 BLUE BELL PA 19422

2. Principal Place of Business	3. Mailing Address
1787 Sentry Parkway West	1787 Sentry Parkway West
Suite, Apt. #, etc. Bldg. 16, Suite 400	Suite, Apt. #, etc. Bldg. 16, Suite 400
City & State Blue Bell, Pennsylvania	City & State Blue Bell, Pennsylvania
Zip: 19422 Country: USA	Zip: 19422 Country: USA

4. FEI Number 22-3704703 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NORRIS, DAVID B 712 U.S. HIGHWAY ONE, STE 400 NORTH PALM BEACH FL 33408	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 _____
Signature, typed or printed name of registered agent and title if applicable. (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			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR UNITED STORAGE PARTNERSHIP, L.P. 725 SKIPPACK PIKE, STE 305 BLUE BELL PA 19422	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Atlantic Coast Storage Partners, L.P. 1787 Sentry Parkway West, Bldg. 16, #400 Blue Bell, PA 19422 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 900003887999--6 -03/20/01--01042--014 *****55.00 *****55.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (11/00)

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: Daniel D. Mantey 3-14-2001 215-646-2200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #