

**2014 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A93000001104

**Entity Name:** ATKINS STORAGE & OFFICE CENTER, LTD.

**Current Principal Place of Business:**

2545 SW TERWILLIGER BLVD., APT. #934,  
PORTLAND, , OR 97201

**Current Mailing Address:**

2545 SW TERWILLIGER BLVD.,  
#934  
PORTLAND, OR 97201 US

**FEI Number:** 59-3207767

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ATKINS, ROBERT M  
5745 SW 75TH ST.  
#133  
GAINESVILLE, FL 32608 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**General Partner Detail :**

Document #

Name ATKINS, ROBERT M

Address 2545 SW TERWILLIGER BLVD.,  
#934

City-State-Zip: GAINESVILLE 97201

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ROBERT M. ATKINS

**MANAGING PARTNER**

**01/29/2014**

\_\_\_\_\_  
Electronic Signature of Signing General Partner Detail

\_\_\_\_\_  
Date