



**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

<b>DOCUMENT # A05000001792</b>	
1. Entity Name USA STOR-A-WAY AT LAKELAND, LTD.	

05 MAY - 1 AM 9:01  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

Principal Place of Business 4051 WEST STATE ROAD 46 SANFORD, FL 32771	Mailing Address 4051 WEST STATE ROAD 46 SANFORD, FL 32771
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



01312006 Chg-LP CR2E003 (11/05)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
NEUKAMM, MICHAEL E 301 E. PINE STREET, SUITE 1400 ORLANDO, FL 32801		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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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.

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, Fee will be \$900.00**

**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 #	P05000129122	STREET ADDRESS	
NAME	USA LAKELAND GP, INC.	CITY-ST-ZIP	
STREET ADDRESS	4051 WEST STATE ROAD 46		
CITY-ST-ZIP	SANFORD, FL 32771		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			<b>800074659278</b>
CITY-ST-ZIP			<b>05/16/06--01016--017 **500.00</b>
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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DOCUMENT #		STREET ADDRESS	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  GARY V. CARDAMONE 1-31-06 407-302-4077  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #