

**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)**  
**DUE BY MAY 1, 2004**

**DOCUMENT # A98000001429**

1. Entity Name

**SECURITY STORAGE LIMITED PARTNERSHIP**



Principal Place of Business

**102411 OVERSEAS HIGHWAY  
KEY LARGO FL 33037**

Mailing Address

**P.O. BOX 1101  
ISLAMORADA FL 33036**

**FILED**  
**2004 MAY -4 AM 10:21**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**



**MOORE CR2E003 (11/03)**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**65-0846056**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**KURFIST, WENDY  
C/O T-SHIRT CITY  
102411 OVERSEAS HWY  
KEYLARGO FL 33037**

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record.

**\$1,200,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION**

**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

DOCUMENT # **P98000051363**  
NAME **QATAR AMERICAN HOLDINGS CORP.**  
STREET ADDRESS **102411 OVERSEAS HIGHWAY**  
CITY-ST-ZIP **KEY LARGO FL 33037**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

**100035797361**  
**05/10/04--01031--027 \*\*437.50**

STREET ADDRESS

CITY-ST-ZIP

**100035797361**  
**05/10/04--01031--028 \*\*88.75**

STREET ADDRESS

CITY-ST-ZIP

**100035797361**  
**05/10/04--01031--029 \*\*8.75**

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**3/15/04 305 453-9144**

STAPLE CHECK HERE