2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

FILED Apr 07, 2004 08:00 AM Secretary of State **DOCUMENT # B00000000323** STORAGE SPOT PROPERTIES NO. 4, L.P. Mailing Address Principal Place of Business 4754 STATE ROAD 64 EAST 4754 STATE ROAD 64 EAST BRADENTON, FL 34208 BRADENTON, FL 34208 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. 03042004 Chg-LP CR2E003 (10/03) City & State City & State 4. FEI Number Applied For 95-4825800 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 Zip Code City 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 primed name of registered agent and title if applicable 9. Capital Contributions 10. Amount of Capital Contributions 437.56 \$781.917.00 ₽<u>₽.75</u> in FLORIDA to date, 287,446 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. M03000001125 DOCUMENT # STREET ADDRESS NAME STORAGEWORLD_PROPERTIES GP NO. 4, LLC ... STREET ADDRESS 4754 STATE ROAD 64 EAST U000000111351 CITY-ST-7/P CITY-ST-ZIP BRADENTON, FL 34208 04/13/04-20013-019 526.**2**5 DOCUMENT # STREET ADDRESS STREET ADDRESS CAY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS City-St-ZiP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CHY-ST-7P City-ST-ZIP DOCUMENT # STREET ADDRESS MARKE STREET ADDRESS CITY-ST-7IP CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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 trustoe empowered to execute this regort as required by Chapter 620, Florida Statutes

Standow L. P. de-e f. Commonwealth of the limited partnership or the receiver or trustoe empowered to execute this regort as required by Chapter 620, Florida Statutes

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Standow L. P. de-e f. Commonwealth or the limited partnership or the receiver or trustoe empowered to execute this regort as required by Chapter 620, Florida Statutes 64 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CITY-ST-ZIP