

\$935.00

LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

FILED

02 JUN 26 PM 5:02

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **A01000000090**

1. Entity Name:
USA STOR-A-WAY AT DAVIS ROAD, LTD.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 467 Still Forest Terrace Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State Sanford, FL		City & State		4. FEI Number <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
Zip 32771	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Gary V. Cardamone

Street Address (P.O. Box Number is Not Acceptable)
467 Still Forest Terrace

City
Sanford FL Zip
32771

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 _____ DATE _____
Signature typed or printed name of registered agent and the applicable date

9. Capital Contributions as Shown on record: **1,900,540.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO 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		STREET ADDRESS	CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P0100000 6009 USA Stor-A-Way GP, Inc. 467 Still Forest Terrace Sanford, FL 32771	800005912328--3	06/21/02-01073-007 ***1493.75 ****935.00
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			LP536
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(d), 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 file this report as required by Chapter 620, Florida Statutes.

SIGNATURE: **X**  **Gary Cardamone** **5/31/02** **407-302-4077**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE

CR2E003B (12/01)