2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

DOCUMENT # A0100000090 1. Entity Name USA STOR-A-WAY AT DAVIS ROAD, LTD.				04 APR 29 AM 10: 06			
Principal Plac 4051 WEST SANFORD, FL	Mailing Address 4051 WEST S.R. 4 SANFORD, FL 32	•		SECHERACY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business 3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		01202004 Chg-LP CR2E0	03 (10/03)	
City & State		City & State	City & State		4. FEI Number Applied For 59-3694457 Not Applicable		
Zip	Country	Zip	Cour	ntry	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CARDAMONE, GARY V 467 STILL FOREST TERRACE SANFORD, FL 32771				7. Name and Address of New Registered Agent Name GARY V. CARDAMONE Street Address (P.O. Box Number is Not Acceptable) 4051 W. STATE ROAD 46 City SANFORD FL Zip Code 32771			
8. The above named early 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 GARY V. CARDAMONE GARY V. CARDAMONE DATE DATE							
9. Capital Contributions as Shown on lector \$1,900,540.00 10. Amount of Capital Contributions in FLORIDA to date. \$500,000.00							
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 DOCUMENT# P0100006009					ADDRESS CHANGES ONL	<u>Y</u>	
NAME	USA STOR-A-WAY GP, INC.			ET ADDRESS			
STREET ADDRESS CITY-ST-ZIP	100 1 11 20 1 0 11 10			-ST-ZIP			
DOCUMENT # NAME				EET ADDRESS	500036072365 05/11/0401085017 **526.25		
STREET ADDRESS CITY-ST-ZIP				-ST-ZIP	20123		
DOCUMENT # NAME				EET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP			
DOCUMENT # NAME			STRE	EET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP			
DOCUMENT NAME			STRE	EET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP		Ω	
DOCUMENT # NAME			STRE	ET ADDRESS		1467	
STREET ADDRESS CITY-ST-ZIP	OTY-ST-ZIP					74	
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 statutate 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 emptyered to execute this report as required by Chapter 620, Florida Statutes CARY V. CARDAMONE, PRESIDENT OF GP 104 407-321-5811							
SIGNATURE: SIGNATURE PRESIDENT OF GP 10 4 407-321-3811							