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A02000000465

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April 23, 2002

FILED
02 APR 23 PM 9:46
CLERK OF THE
STATE
TALLAHASSEE, FLORIDA

Division of Corporations
George Firestone Building
409 East Gaines Street
Tallahassee, FL 32301

Via Hand Delivery

400005327124--9
-04/23/02--01021--026
*****95.00 *****35.00

To Whom It May Concern:

Enclosed for filing, please find **LIMITED PARTNERSHIP STATEMENT OF CHANGE** and the applicable filing fees for the following entity:

USA STOR-A-WAY AT HERNDON, LTD.
Document Number: A02000000465

BK

Upon receipt, please "date-stamp" the copy of the letter provided and call me at 222-7717, when the document is ready. Thank you for your assistance in this matter.

Very truly yours,

Jill May
Jill W. May, Paralegal

/jwm
Enclosures

RECEIVED
02 APR 23 PM 1:52
DIVISION OF REGISTRATION

**LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED
OFFICE OR REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. USA STOR-A-WAY AT HERNDON, LTD.

Name of the limited partnership

2. MARCH 28, 2002

Date of filing/registration in Florida

3. A020000000465

Document number assigned

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Gary V. Cardamone

Name

4051 W. State Road 46

Address

Sanford, FL 32771

City, State and Zip

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5. The name and address of the new registered agent and/or office:

Michael E. Wright

Name

301 E. Pine Street, Suite 1400

Florida street address (P.O. Box not acceptable)

Orlando, FL 32801

City, State and Zip

6. Such change(s) was/were authorized by the general partners.

USA STOR-A-WAY HERNDON, GP, LLC, General Partner

By: [Signature]

Signature of General Partner Gary V. Cardamone, President

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the limited partnership has been notified in writing of this change.

[Signature]
Signature of Registered Agent

Michael E. Wright

Make checks payable to Florida Department of State and mail to:
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
Filing Fee: \$35.00