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MJH

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To:

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Fax Number : (850)205-0383

From:

Account Name : AKERMAN SENTERFITT & EIDSON
Account Number : 076656002425
Phone : (407)843-7860
Fax Number : (407)843-6610

*File 2nd = LLP Statement of Qualification
Liberty Self Storage, LLP*

LIMITED PARTNERSHIP AMENDMENT

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$105.00

77.50

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TALLAHASSEE FLORIDA

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**STATEMENT OF QUALIFICATION FOR
FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP**

1. The name of the limited partnership as identified in the records of the Florida Department of State:

LIBERTY SELF STORAGE, LLLP

Insert limited partnership's Florida document number:

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or

Attach certificate of limited partnership, affidavit of capital contributions and applicable limited partnership filing fees.

2. Suffix adopted for the above named partnership: **LLLP**
3. The street address of its chief executive office:
(if different from current recorded address): **310 West Central Parkway
Suite 7000
Altamonte Springs, Florida 32714**
4. The street address of principal office in Florida: **310 West Central Parkway
Suite 7000
Altamonte Springs, Florida 32714**
5. The limited partnership hereby elects to be a limited liability limited partnership.
6. The effective date of this filing shall be:
X as of the date this document is filed with the Florida Secretary of State
or
a date later than the time of filing: _____
7. The name and Florida street address of the partnership's agent for service of process:
**W. Michael Mikkelson
310 West Central Parkway
Suite 7000
Altamonte Springs, Florida 32714**

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The execution of this statement as a partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

Signed this 25th day of Sept., 2002.

Signature of TWO Partners:

Wm. Michael Mikkelson
Melissa R. Mikkelson

Typed or printed names of partners signing above:

W. Michael Mikkelson
Melissa R. Mikkelson

Filing Fee: \$25.00
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75
INHS66(1/00)

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