


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A02000001320 1. Entity Name LIBERTY SELF STORAGE, LLLP	
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FILED
06 MAY -1 PM 12:35
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

Principal Place of Business 310 WEST CENTRAL PARKWAY, SUITE 7000 ALTAMONTE SPRINGS, FL 32714	Mailing Address 310 WEST CENTRAL PARKWAY, SUITE 7000 ALTAMONTE SPRINGS, FL 32714
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2. Principal Place of Business 2200 LUCIEN WAY, STE 410 MAITLAND FL 32751 City & State	3. Mailing Address 2200 LUCIEN WAY, STE 410 MAITLAND FL 32751 City & State	4. FEI Number 37-1454997 Applied For Not Applicable
Zip Country	Zip Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

04282006 Chg-LP CR2E003 (11/05)

6. Name and Address of Current Registered Agent MIKKELSON, W. MICHAEL 310 WEST CENTRAL PARKWAY, SUITE 7000 ALTAMONTE SPRINGS, FL 32714	7. Name and Address of New Registered Agent Name 2200 LUCIEN WAY, STE 410 (acceptable) MAITLAND FL 32751 City FL Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

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	13. ADDRESS CHANGES ONLY
DOCUMENT # NAME MIKKELSON, W. MICHAEL STREET ADDRESS 310 WEST CENTRAL PARKWAY, SUITE 7000 CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714	STREET ADDRESS 2200 LUCIEN WAY, STE 410 CITY-ST-ZIP MAITLAND FL 32751
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14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: Wm. Michael Mikkelsen 4/28/06 407-774-8818
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE