## 2006 LIMITED PARTNERSHIP ANNUAL REPORT

## FILED Due By May 1, 2006 Apr 20, 2006 08:00 Al Secretary of State DOCUMENT # A0400000102 USA STOR-A-WAY AT OSPREY, LTD. Principal Place of Business 4051 WEST STATE ROAD 46 4051 WEST STATE ROAD 46 SANFORD, FL 32771 SANFORD, FL 32771 01312006 No Cha-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-0313660 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CARDAMONE, GARY V DO NOT WRITE 4051 WEST STATE ROAD 46 SANFORD, FL 32771 IN THIS SPACE 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, 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. GENERAL PARTNER INFORMATION 12. P04000009748 DOCUMENT # USA OSPREY, INC. NAME U00000521654 05/02/06-80143-017 500.00 STREET ADDRESS 4051 WEST STATE ROAD 46 CITY-ST-ZIP SANFORD, FL 32771 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

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

NATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SIGNATURE:

STAPLE CHECK

DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

GARY V. CAREAMONE

407-302-4077

Davime Phone #