

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

2006 FEB 23 PH 3: 37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A05000000612

1. Entity Name
FT. KNOX SELF SERVICE STORAGE, LTD.



Principal Place of Business
**2800 NE CAPITAL CIR
TALLAHASSEE, FL 32308**

Mailing Address
**2800 NE CAPITAL CIR
TALLAHASSEE, FL 32308**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01242006

Chg-LP

CR2E003 (11/05)

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MOORE, DEVOE L
2800 NE CAPITAL CIR
TALLAHASSEE, FL 32308**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

**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 # **L05000030606**
NAME **FKSSS, LLC**
STREET ADDRESS **2800 NE CAPITAL CIR**
CITY-ST-ZIP **TALLAHASSEE, FL 32308**

STREET ADDRESS

CITY-ST-ZIP

600066808096

02/28/06--01025--013 **\$08.75

DOCUMENT #
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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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/21/2006

Date

(850)656-6211

Daytime Phone #

STAPLE CHECK HERE