

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 APR 30 AM 9:21

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 - No P.O. Box #
3550 Mahan Drive

3. Mailing Address
Post Office Box 120

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05012007 Chg-LP CR2E003 (12/06)

City & State
Tallahassee FL
Zip
32308
Country
USA

City & State
Tallahassee FL
Zip
32334
Country
USA

4. FEI Number
APPLIED FOR 20-2585706

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

3550 Mahan Drive

City

Tallahassee

FL

Zip Code

32308

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

Devoe L. Moore

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

5-1-07

DATE

**FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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

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

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**200102730172
05/17/07--01039--019 **508.75**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

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:

Devoe L. Moore
Devoe L. Moore, Manager

5-1-07

545-6600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE