



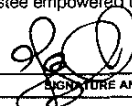
2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A05000001792 1. Entity Name USA STOR-A-WAY AT LAKELAND, LTD.						05 MAY -1 AM 9:01 SECRETARY OF STATE TALLAHASSEE FLORIDA	
Principal Place of Business 4051 WEST STATE ROAD 46 SANFORD, FL 32771				Mailing Address 4051 WEST STATE ROAD 46 SANFORD, FL 32771			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
NEUKAMM, MICHAEL E 301 E. PINE STREET, SUITE 1400 ORLANDO, FL 32801				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
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 #	P05000129122			STREET ADDRESS			
NAME	USA LAKELAND GP, INC.			CITY-ST-ZIP			
STREET ADDRESS	4051 WEST STATE ROAD 46			CITY-ST-ZIP			
CITY-ST-ZIP	SANFORD, FL 32771			CITY-ST-ZIP			
DOCUMENT #				STREET ADDRESS			
NAME				CITY-ST-ZIP			
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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:  **GARY V. CARDAMONE** 1-31-06 407-302-4077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #