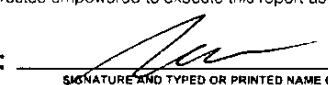


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 MAR 17 AM 9:45

DOCUMENT # A05000002282 1. Entity Name ABBY MINI STORAGE LIMITED PARTNERSHIP					
Principal Place of Business 8135 LAKE WORTH ROAD, SUITE B LAKE WORTH, FL 33467			Mailing Address 8135 LAKE WORTH ROAD, SUITE B LAKE WORTH, FL 33467		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 20-4007519 Applied For <input type="checkbox"/> Not Applicable	
Country		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COLEMAN, NANCY B ESQ BARITZ & COLEMAN LLP 150 EAST PALMETTO PARK ROAD, SUITE 750 BOCA RATON, FL 33432				7. Name and Address of New Registered Agent 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 # P05000164479 NAME ABBY MINI STORAGE, INC. STREET ADDRESS 8135 LAKE WORTH ROAD, SUITE B CITY-ST-ZIP LAKE WORTH, FL 33467			STREET ADDRESS CITY-ST-ZIP 600069066186 03/30/06--01063--007 **508.75		
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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: 				3/9/06 561-357-0121 <small>Date Daytime Phone #</small>	

STAPLE CHECK HERE