2007 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2007**

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FILED **DOCUMENT # A05000002282** 1. Entity Name ABBÝ MINI STORAGE LIMITED PARTNERSHIP 2007 MAR 15 AH 10: 35 SECRETARY OF STATE TALLAHASSEE, FLORIDA Mailing Address Principal Place of Business 8135 LAKE WORTH ROAD, SUITE B 8135 LAKE WORTH ROAD, SUITE B LAKE WORTH, FL 33467 LAKE WORTH, FL 33467 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01102007 Chg-LP CR2E003 (12/06) City & State City & State 4. FEI Number Applied For 20-4007519 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Y B. COLMAN ESQ. 2 + COLMAN LLP 6. Name and Address of Current Registered Agent BARITZ COLEMAN, NANCY B ESQ Street Address (P.O. Box Number is Not Acceptable) **BARITZ & COLEMAN LLP** 150 EAST PALMETTO PARK ROAD, SUITE 750 BOCA RATON, FL 33432 City 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, 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. DOCUMENT ₹ P05000164479 STREET ADDRESS ABBY MINI STORAGE, INC. NAME STREET ADDRESS 8135 LAKE WORTH ROAD, SUITE B CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH, FL 33467 DOCUMENT # 100094624161 STREET ADDRESS na/23/n7--nin53--nin **508.75 NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT 4 STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING GE

RAL PARTNER