


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**Apr 10, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A06858**  
 1. Entity Name  
**AIRPORT MINI STORAGE ASSOCIATES, LTD.**



Principal Place of Business  
**3333 N.W. 38TH STREET**  
**MIAMI, FL 33142**

Mailing Address  
**3333 N.W. 38TH STREET**  
**MIAMI, FL 33142**

**DO NOT WRITE IN THIS SPACE**



04042006 No Chg-LP      CR2E003 (11/05)

4. FEI Number  
**59-1881591**      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**GROSSMAN, ROBERT D SR**  
**1000 TOWERSIDE TERRACE**  
**MIAMI, FL 33138**

**DO NOT WRITE IN THIS SPACE**

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

**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

DOCUMENT #	P97000087248
NAME	AIRPORT MINI STORAGE, INC.
STREET ADDRESS	1000 QUAYSIDE TERRACE, APT. 1705
CITY - ST - ZIP	MIAMI, FL 33138
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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U00000500812  
 04/25/06-80037-002 500.00

STAPLE CHECK HERE

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 820, Florida Statutes

**SIGNATURE:** *Robert D. Grossman*      **Robert D. Grossman**      4/4/06      305-633-3530

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Oocyte Phone #