

**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

FILED
Jan 26, 2007 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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

1st MOORE CR2E003 (10/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1881591

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GROSSMAN, ROBERT D SR
1000 TOWERSIDE TERRACE
MIAMI FL 33138

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

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

DATE

FILE NOW!!! Fee is \$500. * After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.**

**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 #
NAME
STREET ADDRESS
CITY- ST- ZIP

P97000087248
AIRPORT MINI STORAGE, INC.
1000 QUAYSIDE TERRACE, APT. 1705
MIAMI FL 33138

STREET ADDRESS
CITY- ST- ZIP

DOCUMENT #
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STREET ADDRESS
CITY- ST- ZIP

STREET ADDRESS
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01/30/07-80043-010 500.00

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CITY- ST- ZIP

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 620, Florida Statutes

SIGNATURE:

Robert D. Grossman G.P.

1-23-07 305 895 7600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #