2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

DOCUMENT # A07612 1. Entity Name



Principal Place of Business

GU INVESTMENTS, LTD

5481 N. STATE ROAD 7 TAMARAC, FL 33319 Mailing Address

5481 N. STATE ROAD 7 TAMARAC, FL. 33319

FILED Jan 23, 2008 08:00 AN Secretary of State



DO NOT WRITE IN THIS SPACE

01112008 No Chg-LP

CR2E003 (12/06)

4. FEI Number 59-2096123

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

A Ship

GRANADOS, FELIX SR. 5481 N STATE ROAD 7 TAMARAC, FL 33319 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 Signature, typed or printed name of registered agent and title if applicable.	DATE
FILE NOWIII FEE IS \$500.00 After May 1, 2008, 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 12. L06000095154 DOCUMENT # NAME FLORIDA MINI STOR-IT, LLC STREET ADDRESS 5481 N. STATE ROAD 7 CITY-ST-ZIP TAMARAC, FL 33319 DOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

.. U00000792613 01/24/08-80014-021 500.00

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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. For ida Statutes

SIGNATURE:

DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP

BIGHATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytme Phone #