FILE ON OR BEFORE DECEMBER 31. 1997 OR PARTNERSHIP WILL BE SUBJECT **TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT # A18433

for a form for 97 DEC 15 PH 1:59 SECRE MARY OF STATE

T (#818) 400 1488 1480 4800 61800 1100 1101 61811 63811 61811 61811 61811 61811 61811

| ECURITY STORAGE OF ORMOND, LTD. | | | | | |
|---|-------------------------|--|---------|--|---|
| Malling Address 523 NORTH HALIFAX AVENUE DAYTONA BEACH FL 32018 | | Principal Office Address 523 NORTH HALIFAX AVENUE DAYTONA BEACH FL 32018 | | 3. Date Formed or Registered 12/04/1984 3a. Date of Last Report | 5a. Capital Contributions as Shown on record. \$370,000.00 |
| 2. Mailing Add | dress | 28. Principal Office Address | | 12/23/1996 4. State or Country of Formation FL | 5b. Amount of Capital Contributions in FLORIDA to date: |
| Suite, Apt. #, etc. City & State | | Suite, Apt. #, etc. City & State | | 6. FEI Number 59-2465957 | Applied For Not Applicable |
| Zip | Country | Zφ | Country | 7. Certificate of Status Desired 8. Make check payable to: Dept. of | \$8.75 Additional Fee Required State (See reverse side for fee information |
| | Q Name and Address of (| Current Registered Agent | | 10 If changed, new Registere | d Agent/Office |

| 9. Name and Address of Current Registered Agent | 10, If changed, new Rogistered Agent/Office | | | |
|---|--|--|--|--|
| BAGGETT, G. LAURENCE | Name | | | |
| 523 N. HALIFAX AVENUE | Street Address (P.O. Box Number is Not Acceptable) | | | |
| DAYTONA BEACH FL 32018 | Suite, Apt. #, etc | | | |
| | City FL 7ip Code | | | |
| | | | | |

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above named limited partnership organized or registered under the laws of the State of Florida, submits this statement tor the purpose of changing its registered office or registered agent, or both, in the State of Floridal Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

SECURITY STORAGE OF DAYTONA

11.

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code 11c.

Registration/ Document Number

Typed or Printed Name of General Partner Signing Form

Name(s) of Goneral Partner(s)

523 NORTH HALIFAX AVE

DAYTONA BEACH FL

G68359

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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119 07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on

SIGNATURE .

G. Laurence Baggett

DATE 1.2/12/97

Daytime Telephone Number 90-1) 252-7311