

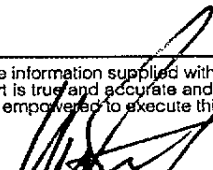


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Mar 12, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A18433</b> 1. Entity Name <b>SECURITY STORAGE OF ORMOND, LTD.</b>					
Principal Place of Business <b>523 NORTH HALIFAX AVENUE          DAYTONA BEACH, FL 32018</b>			Mailing Address <b>523 NORTH HALIFAX AVENUE          DAYTONA BEACH, FL 32018</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2465957</b>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BAGGETT, G. LAURENCE          523 N. HALIFAX AVENUE          DAYTONA BEACH, FL 32018</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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.				FL Zip Code	
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. <b>\$370,000.00</b>			10. Amount of Capital Contributions in FLORIDA to date.		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>G68359          SECURITY STORAGE OF DAYTONA BEACH, INC.          523 NORTH HALIFAX AVE.          DAYTONA BEACH, FL</b>		STREET ADDRESS  CITY - ST - ZIP	_____ _____	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	_____ _____ _____		STREET ADDRESS  CITY - ST - ZIP	_____ _____ _____	
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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					
<b>SIGNATURE:</b>  <b>G. Laurence Baggett</b> <b>3/8/04</b> <b>386-252-7311</b>					