


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 7, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 AUG -1 AM 9:06

DOCUMENT # A18433			
1. Entity Name SECURITY STORAGE OF ORMOND, LTD.			
Principal Place of Business 523 NORTH HALIFAX AVENUE DAYTONA BEACH, FL 32018		Mailing Address 523 NORTH HALIFAX AVENUE DAYTONA BEACH, FL 32018	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-2465957		Applied For Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BAGGETT, G. LAURENCE 523 N. HALIFAX AVENUE DAYTONA BEACH, FL 32018		7. Name and Address of New Registered Agent 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
9. Capital Contributions as Shown on record. \$370,000.00		10. Amount of Capital Contributions in FLORIDA to date.	
In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.			
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 #	G68359	STREET ADDRESS	
NAME	SECURITY STORAGE OF DAYTONA BEACH, INC.	CITY-ST-ZIP	
STREET ADDRESS	523 NORTH HALIFAX AVE.		
CITY-ST-ZIP	DAYTONA BEACH, FL		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____		7-28-05 (386) 253-7311	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #	

STAPLE CHECK HERE

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