

2000 UNIFORM BUSINESS REPORT (UBR)

0015335 AF

DOCUMENT # **A24152**

1. Entity Name

TAMIAMI MINI-STORAGE PARTNERS, LTD.

FILED

00 MAY -4 PM 4: 20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
10400 LITTLE PATUXENT PARKWAY, SUITE 1100
COLUMBIA MD 21044

Mailing Address
10400 LITTLE PATUXENT PARKWAY, SUITE 1100
COLUMBIA MD 21044-3518

2. Principal Place of Business
10440 LITTLE PATUXENT PARKWAY

3. Mailing Address
10440 LITTLE PATUXENT PARKWAY

Suite, Apt. #, etc.
SUITE 1100

Suite, Apt. #, etc.
SUITE 1100

City & State
COLUMBIA, MD

City & State
COLUMBIA, MD

Zip
21044

Country
USA

Zip
21044

Country
USA

4. FEI Number **59-2814898**

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

9. Capital Contributions as Shown on record. **\$750,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **750,000.00**

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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	B9400000029 SUSA PARTNERSHIP, L.P. 10400 LITTLE PATUXENT PARKWAY, SUITE 1100 COLUMBIA MD 21044	STREET ADDRESS CITY - ST - ZIP	10440 LITTLE PATUXENT PARKWAY, SUITE 1100 COLUMBIA, MD 21044
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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)(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: *[Signature]* **SIGNATURE REQUIRED** 5/1/00 (901) 252-3880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)