

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

FILED

04 MAY -3 AM 7:48

MJH

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02232004 Chg-LP CR2E003 (10/03) 5/3

4. FEI Number **59-2814898** Applied For Not Applicable

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

DOCUMENT # A24152
1. Entity Name
TAMIAMI MINI-STORAGE PARTNERS, LTD.



Principal Place of Business
**10440 LITTLE PATUXENT PARKWAY, SUITE 700
COLUMBIA, MD 21044**

Mailing Address
**10440 LITTLE PATUXENT PARKWAY, SUITE 700
COLUMBIA, MD 21044**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

10. Amount of Capital Contributions in FLORIDA to date. **73,294.00**

**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.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	B9400000029	STREET ADDRESS	
NAME	SUSA PARTNERSHIP, L.P.	CITY-ST-ZIP	
STREET ADDRESS	10440 LITTLE PATUXENT PARKWAY, SUITE 700		300035808233
CITY-ST-ZIP	COLUMBIA, MD 21044		05/10/04--01054--011 **526.25
DOCUMENT #		STREET ADDRESS	
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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: Donna Buck 4/28/04 4108848711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE