


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

FILED

2005 APR 28 PM 1:44

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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
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2. Principal Place of Business 175 TOXOIA PLAZA Suite, Apt. #, etc. SUITE 700	3. Mailing Address Suite, Apt. #, etc.
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City & State MEMPHIS, TN	City & State
Zip 38103	Country USA



03112005 Chg-LP CR2E003 (10/03)

4. FEI Number 59-2814898	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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. 0.00
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**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. 10440 LITTLE PATUXENT PARKWAY, SUITE 700 COLUMBIA, MD 21044	STREET ADDRESS CITY-ST-ZIP	175 TOXOIA PLAZA, SUITE 700 MEMPHIS, TN 38103
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STAPLE CHECK HERE

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:  Jim Eikenberg 4/24/05 410-730-9500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #