


# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0019127 MB


<b>DOCUMENT # A24152</b> 1. Entity Name <b>TAMIAMI MINI-STORAGE PARTNERS, LTD.</b>	
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FILED

03 MAY -2 PM 6:17

SECRETARY OF STATE  
TALLAHASSEE-FLORIDA

M.J.H.



Principal Place of Business <b>10440 LITTLE PATUXENT PARKWAY, SUITE 700 COLUMBIA MD 21044</b>	Mailing Address <b>10440 LITTLE PATUXENT PARKWAY, SUITE 700 COLUMBIA MD 21044</b>
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2. Principal Place of Business	3. Mailing Address	<b>DUE BY MAY 1, 2003</b>	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State	4. FEI Number <b>59-2814898</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
<b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	<b>FL</b> 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. <b>\$750,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>750,000.00</b>	<b>11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
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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 #	<b>B9400000029</b>	STREET ADDRESS	
NAME	<b>SUSA PARTNERSHIP, L.P.</b>	CITY-ST-ZIP	<b>400017897484</b>
STREET ADDRESS	<b>10440 LITTLE PATUXENT PARKWAY, SUITE 700</b>		<b>05/02/03--01062--018 **526.25</b>
CITY-ST-ZIP	<b>COLUMBIA MD 21044</b>		
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:** DOMONIQUE DONNA BUCKED 4/28/2003 410-884-8711

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

STAPLE CHECK HERE

CR2E003 (10/02)