CR2E003 (10/02)

## 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

## A24152 DOCUMENT # FILED TAMIAMI MINI-STORAGE PARTNERS, LTD. -03 MAY -2 PM 6: 17 SECRETARY OF STATE TALLAHASSEE FLORIDA Principal Place of Business 10440 LITTLE PATUXENT PARKWAY, SUITE 700 Mailing Address 10440 LITTLE PATUXENT PARKWAY, SUITE 700 COLUMBIA MD 21044 COLUMBIA MD 21044 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. **DUE BY MAY 1, 2003** City & State City & State 4. FEI Number 59-2814898 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable. 9. Capital Contributions 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE \$750,000.00 as Shown on record. in FLORIDA to date. 750,000.00 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. ADDRESS CHANGES ONLY 12. GENERAL PARTNER INFORMATION B94000000029 DOCUMENT # STREET ADDRESS SUSA PARTNERSHIP, L.P. NAME 10440 LITTLE PATUXENT PARKWAY, SUITE 700 STREET ADDRESS 400017897484 CITY-ST-ZIP COLUMBIA MD 21044 05/02/03--01062--018 \*\*526.25 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME

14. I hereby certify that the information supplied with this filling 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

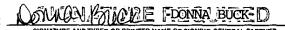
CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

STAPLE CHECK HEKE



4/28/2003

410-884-8711

Daytime Phone #