

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

02 APR 30 PM 5:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **A26523**

1. Entity Name

SUNSET MINI-STORAGE PARTNERS, LTD.

Principal Place of Business

**10440 LITTLE PATUXENT PARKWAY, SUITE 1100
COLUMBIA MD 21044**

Mailing Address

**10440 LITTLE PATUXENT PARKWAY, SUITE 1100
COLUMBIA MD 21044**



2. Principal Place of Business

**10440 LITTLE PATUXENT PKWY
Suite, Apt. #, etc.
SUITE 700**

3. Mailing Address

**10440 LITTLE PATUXENT PKWY
Suite, Apt. #, etc.
SUITE 700**

DUE BY MAY 1, 2002

City & State
COLUMBIA, MD

City & State
COLUMBIA, MD

4. FEI Number

65-0064305

Applied For

Not Applicable

Zip
21044

Country
USA

Zip
21044

Country
USA

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

DATE

9. Capital Contributions
as Shown on record.

\$874,549.68

10. Amount of Capital Contributions
in FLORIDA to date.

874,549.68

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 # **B9400000029**
NAME **SUSA PARTNERSHIP, L.P.**
STREET ADDRESS **10440 LITTLE PATUXENT PARKWAY, SUITE 1100**
CITY-ST-ZIP **COLUMBIA MD 21044**

STREET ADDRESS **10440 LITTLE PATUXENT PKWY, SUITE 700**
CITY-ST-ZIP **COLUMBIA, MD 21044**

DOCUMENT #
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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: **NONNABUCE REQUIRE DONNA BUCK**

4/25/2002

410-884-8711

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)