

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0019129 MB

**DOCUMENT # A26523**



1. Entity Name  
**SUNSET MINI-STORAGE PARTNERS, LTD.**

**FILED**  
03 MAY -2 PM 6:15  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**MJM**

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.

**DUE BY MAY 1, 2003**

City & State      City & State

4. FEI Number **65-0064305**      Applied For  
Not Applicable

Zip      Country      Zip      Country

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. 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>\$874,549.68</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>874,549.68</b>	<b>11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
------------------------------------------------------------------	---------------------------------------------------------------------------	----------------------------------------------------------------------------------------------

**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												
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">DOCUMENT #</td> <td><b>B9400000029</b></td> </tr> <tr> <td>NAME</td> <td><b>SUSA PARTNERSHIP, L.P.</b></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>10440 LITTLE PATUXENT PARKWAY, SUITE 700</b></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td><b>COLUMBIA MD 21044</b></td> </tr> </table>	DOCUMENT #	<b>B9400000029</b>	NAME	<b>SUSA PARTNERSHIP, L.P.</b>	STREET ADDRESS	<b>10440 LITTLE PATUXENT PARKWAY, SUITE 700</b>	CITY - ST - ZIP	<b>COLUMBIA MD 21044</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">STREET ADDRESS</td> <td style="width: 60%;"></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td style="text-align: center;"><b>788817897377</b> <b>05/02/03--01062--014 **526.25</b></td> </tr> </table>	STREET ADDRESS		CITY - ST - ZIP	<b>788817897377</b> <b>05/02/03--01062--014 **526.25</b>
DOCUMENT #	<b>B9400000029</b>												
NAME	<b>SUSA PARTNERSHIP, L.P.</b>												
STREET ADDRESS	<b>10440 LITTLE PATUXENT PARKWAY, SUITE 700</b>												
CITY - ST - ZIP	<b>COLUMBIA MD 21044</b>												
STREET ADDRESS													
CITY - ST - ZIP	<b>788817897377</b> <b>05/02/03--01062--014 **526.25</b>												
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">DOCUMENT #</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>	DOCUMENT #		NAME		STREET ADDRESS		CITY - ST - ZIP		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">STREET ADDRESS</td> <td style="width: 60%;"></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>	STREET ADDRESS		CITY - ST - ZIP	
DOCUMENT #													
NAME													
STREET ADDRESS													
CITY - ST - ZIP													
STREET ADDRESS													
CITY - ST - ZIP													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">DOCUMENT #</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>	DOCUMENT #		NAME		STREET ADDRESS		CITY - ST - ZIP		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">STREET ADDRESS</td> <td style="width: 60%;"></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>	STREET ADDRESS		CITY - ST - ZIP	
DOCUMENT #													
NAME													
STREET ADDRESS													
CITY - ST - ZIP													
STREET ADDRESS													
CITY - ST - ZIP													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">DOCUMENT #</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>	DOCUMENT #		NAME		STREET ADDRESS		CITY - ST - ZIP		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">STREET ADDRESS</td> <td style="width: 60%;"></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>	STREET ADDRESS		CITY - ST - ZIP	
DOCUMENT #													
NAME													
STREET ADDRESS													
CITY - ST - ZIP													
STREET ADDRESS													
CITY - ST - ZIP													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">DOCUMENT #</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>	DOCUMENT #		NAME		STREET ADDRESS		CITY - ST - ZIP		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">STREET ADDRESS</td> <td style="width: 60%;"></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>	STREET ADDRESS		CITY - ST - ZIP	
DOCUMENT #													
NAME													
STREET ADDRESS													
CITY - ST - ZIP													
STREET ADDRESS													
CITY - ST - ZIP													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">DOCUMENT #</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>	DOCUMENT #		NAME		STREET ADDRESS		CITY - ST - ZIP		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">STREET ADDRESS</td> <td style="width: 60%;"></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>	STREET ADDRESS		CITY - ST - ZIP	
DOCUMENT #													
NAME													
STREET ADDRESS													
CITY - ST - ZIP													
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 **BE REQUIRED**      4/28/2003      410-884-8711  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #

CR2E003 (10/02)