

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT  
TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 JAN 30 PM 12:09

1. Name of Limited Partnership

1a. DOCUMENT #  
A31578

STORAGE-USA OF PALM BEACH COUNTY LIMITED PARTNER  
SHIP

Mailing Address

10440 LITTLE PATUXENT PARKWAY, SUITE 1100  
COLUMBIA MD 21044

Principal Office Address

10440 LITTLE PATUXENT PARKWAY, SUITE 1100  
COLUMBIA MD 21044

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Formed or Registered

05/21/1991

3a. Date of Last Report

11/18/1996

4. State or Country of Formation

MD

6. FEI Number

52-1758760

☐ Applied For  
☐ Not Applicable

7. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

5a. Capital Contributions as  
Shown on record.

\$250,000.00

5b. Amount of Capital  
Contributions in FLORIDA  
to date:

250,000.00

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number) 200002421222--5

Suite, Apt. #, etc.

-02/04/98--01059--005  
\*\*\*\*437.50 \*\*\*\*437.50

City

FL

Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)

SUSA PARTNERSHIP, L.P.

11a. Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

10440 LITTLE PATUXENT

11b. City, State & Zip Code

COLUMBIA MD 21044

11c. Registration/  
Document Number

B94000000029

200002421222--5  
-02/04/98--01059--006  
\*\*\*\*103.75 \*\*\*\*103.75

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE X

DATE

Typed or Printed Name of General Partner Signing Form

CHRISTOPHER P. MARR

Daytime Telephone Number

410-730-9500

CR2E003 (6/97)