## 2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

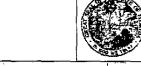
DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING GENERAL PARTNER

## FILED Feb 01, 2007 08:00 AM Secretary of State

| <b>DOCUMENT</b>   | # A31838 |  |
|-------------------|----------|--|
| 4 mm - 11 - 2 + 1 |          |  |

OUTER SPACE STORAGE, LTD.



Principal Place of Business 5481 NORTH STATE ROAD 7 TAMARAC, FL 33319 Mailing Address 5481 NORTH STATE ROAD 7 TAMARAC, FL 33319



01092007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 65-0274769

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Foe Required

Daytime Phone #

6. Name and Address of Current Registered Agent

GRANADOS, ROBERTO 5481 NORTH STATE ROAD 7 TAMARAC, FL 33319

STAPLE CHECK HERE

SIGNATURE: .

## DO NOT WRITE IN THIS SPACE

| MINIMO                            | 5, FE 33319  | IN THIS SPACE  |
|-----------------------------------|--|--|
| 3. The above<br>the obligat       | named entity submits this statement for the purpose of changing its regist<br>tions of registered agent.   | i<br>Bred office of registered agent, or both, in the State of Florida. I am familiar with, and accept   |
| SIGNATURE                         | Signature, typed or printed name of registered agent and fille if applicable.  | DATE   |
|                                   | FILE NOW!!! FEE tS \$500.00<br>After May 1, 2007, Fee will be \$900.00   | U00000616646<br>02/07/07-80037-001 500,00  |
|                                   | A GENERAL PARTNER THAT IS A BUSINESS ENTITY NOTE: General Partners MAY NOT be changed on the for   | MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. m; an amendment must be filed to change a general partner.   |
| 12.                               | GENERAL PARTNER INFORMATION  | to replace the second s |
| DOCUMENT #                        |  |  |
| NAME                              | GRANDOS, ROBERTO   |  |
| STREET ADGRESS                    | 5481 NORTH STATE ROAD 7  |  |
| CITY-ST-ZIP                       | TAMARAC, FL 33319  |  |
| DUCUMENT #                        |  |  |
| HAML                              |  |  |
| SINCLI ADDRESS                    |  |  |
| CITY-ST-ZIP                       |  |  |
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| NAME                              |  |  |
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| TUCHMENT *                        |  |  |
| STRILLI ADDRESS                   |  |  |
| CITY-ST-ZIP                       |  |  |
| 14. I hereby indicated or the rec | certify that the information supplied with this filling does not qualify for the lon this report is true and accurate and that my signature shall have the sa server or trustee empowered to execute this report as required by Chapter to | exemptions contained in Chapter 119, Florida Statutes, I further certify that the information me legial effect as if made under oath; that I am a General Partner of the limited partnership sport Florida Statutes  |