

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 DEC 26 AM 8:44



1. Name of Limited Partnership
1a. DOCUMENT #
A33358

A CONGRESS SELF STORAGE LIMITED PARTNERSHIP

Mailing Address 8737 COLESVILLE RD. SUITE 800 SILVER SPRING MD 20910		Principal Office Address 8737 COLESVILLE RD. SUITE 800 SILVER SPRING MD 20910		3. Date Formed or Registered 08/28/1992		5a. Capital Contributions as Shown on record. \$400,000.00	
				3a. Date of Last Report 01/03/1996		5b. Amount of Capital Contributions in FLORIDA to date.	
2. Mailing Address		2a. Principal Office Address		4. State or Country of Formation MD			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. FEI Number 52-1790147		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
City & State		City & State		7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip Country		Zip Country		8. Make check payable to Dept. of State (See reverse side for fee information)			

9. Name and Address of Current Registered Agent REALTY INVESTMENT CO., INC. % MATTHEW LUNDSTROM 2447 N. WICKHAM RD., SUITE 118 MELBOURNE FL 32835		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite Apt #, etc. City	
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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) REALTY SOUTHERN VENTURES, IN	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 8737 COLESVILLE RD.,	11b. City State & Zip Code SILVER SPRING MD 2091	11c. Registration/Document Number P33973
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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

Ruth Donnelly

DATE **12/10/96**

Typed or Printed Name of General Partner Signing Form

**REALTY SOUTHERN VENTURES, INC. - GEN. PARTNER
RUTH DONNELLY, SECRETARY**

Daytime Telephone Number **(301)-495-4400**

CR2E003 (6/96)