

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 OCT 12 PM 4:09

<b>LIMITED PARTNERSHIP ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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<b>1. Name of Limited Partnership</b>  SELF-STOR ALAFAYA PARTNERS, LTD.	<b>1a. DOCUMENT #</b> <b>A94000000209</b>
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<b>Mailing Address</b> 310 WEST CENTRAL PARKWAY, SUITE 7000 ALTAMONTE SPRINGS FL 32714	<b>Principal Office Address</b> 310 WEST CENTRAL PARKWAY, SUITE 7000 ALTAMONTE SPRINGS FL 32714	<b>3. Date Formed or Registered</b> 02/21/1994	<b>5a. Capital Contributions as Shown on record.</b> \$1,100,000.00
		<b>3a. Date of Last Report</b> 10/16/1997	
		<b>4. State or Country of Formation</b> FL	<b>5b. Amount of Capital Contributions in FLORIDA to date.</b>
<b>2. Mailing Address</b>	<b>2a. Principal Office Address</b>	<b>6. FEI Number</b> 59-3236692	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<b>7. Certificate of Status Desired</b>	<input type="checkbox"/> \$8.75 Additional Fee Required
City & State	City & State	<b>8. Make check payable to: Dept. of State (See reverse side for fee information)</b>	
Zip Country	Zip Country		

<b>9. Name and Address of Current Registered Agent</b>  MIKKELSON, W. MICHAEL 310 WEST CENTRAL PARKWAY, SUITE 7000 ALTAMONTE SPRINGS FL 32714	<b>10. If changed, new Registered Agent/Office</b> Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
SELF-STOR ALAFAYA PARTNERS,	310 WEST CENTRAL PARK	ALTAMONTE SPRINGS FL	P94000014264
2000002653982-1 -10/14/98-01085-001 ***1052.50 ***\$26.25			

**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 Wm. Michael Mickelson DATE 9-23-98

Typed or Printed Name of General Partner Signing Form WM. MICHAEL MIKKELSON Daytime Telephone Number 407-774-8818

CR2E003 (8/98)