

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

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1999



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

**FILED**

98 OCT -2 AM 10:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership

1a. DOCUMENT #  
**A95000001607**

**STORAGE TRUST INVESTMENTS-FLORIDA, LIMITED  
PARTNERSHIP**

Mailing Address  
2407 RANGELINE  
COLUMBIA MO 65202

Principal Office Address  
2407 RANGELINE  
COLUMBIA MO 65202

3. Date Formed or Registered  
10/25/1995

5a. Capital Contributions as  
Shown on record.  
**\$9,900.00**

3a. Date of Last Report  
10/23/1997

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

4. State or Country of Formation  
FL

2. Mailing Address  
*3407 Range Line St.*

2a. Principal Office Address  
*2407 Range Line St.*

6. FEI Number  
**43-1726258**  Applied For  
 Not Applicable

Suite, Apt. #, etc.  
City & State

Suite, Apt. #, etc.  
City & State

7. Certificate of Status Desired  **\$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

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

10. If changed, new Registered Agent/Office

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, etc.  
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, submit 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
STR MANAGEMENT CORPORATION O	2407 RANGELINE	COLUMBIA MO 65202	P95000081592
700002658007--3 -10/07/88--01081--010 ****158.05 ****158.05 <i>dec</i>			

**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

*Stephen Dulle*

DATE

9/28/98

Typed or Printed Name of General Partner Signing Form

Stephen Dulle

Daytime Telephone Number

573-499-4799

CR2E003 (8/98)