LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A95000001607

FILED

02 MAY 13 PM 2:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

Storage Trust Investments-Florida LP

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 701 Western Ave
Suite, Apt. #, etc.: 2nd Flr
City & State: Glendale, CA
Zip: 91201 Country: US

3. Mailing Address: Same
Suite, Apt. #, etc.:
City & State:
Zip: Country:

DUE BY MAY 1

4. FEI Number: 43-1726258 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: NRAI SERVICES, INC.

Street Address (P.O. Box Number is Not Acceptable): 526 E. Park Ave

City: Tallahassee FL Zip Code: 32301

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record: 9900.00

10. Amount of Capital Contributions in FLORIDA to date:

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT #	P95000081592
NAME	STR Management Corp. of Florida
STREET ADDRESS	701 Western Ave
CITY-ST-ZIP	Glendale, CA 91201
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	****158.05 ****158.05
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STREET ADDRESS	IN THIS SPACE
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: M Roberts Michele Roberts — MAY 02 2002 — (818) 244-8080

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #