


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # A95000001607

1. Entity Name
STORAGE TRUST INVESTMENTS-FLORIDA, LIMITED PARTNERSHIP



Principal Place of Business 701 WESTERN AVENUE, 2ND FLOOR GLENDALE, FL 91201	Mailing Address 701 WESTERN AVENUE, 2ND FLOOR GLENDALE, FL 91201
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



04162004 Chg-LP CR2E003 (10/03)

4. FEI Number 43-1726258	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

NARI SERVICES, INC.
526 EAST PARK AVE.
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

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. I am familiar with, and accept the obligations of registered agent.

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

9. Capital Contributions as Shown on record. \$9,900.00	10. Amount of Capital Contributions in FLORIDA to date. 6,211.25
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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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P95000081592	STREET ADDRESS	
NAME	STR MANAGEMENT CORPORATION OF FLORIDA	CITY - ST - ZIP	
STREET ADDRESS	701 WESTERN AVENUE #200		
CITY - ST - ZIP	GLENDALE, CA 91210		
DOCUMENT #		STREET ADDRESS	1100000145411
NAME		CITY - ST - ZIP	05/03/04-80023-011 526.25
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STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Drew Adams **Corporate Gen. Partner**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **Vice President**

Date _____ Daytime Phone # 818-244-8080