

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0018440 AB

DOCUMENT # A95000001607

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



FILED
03 JAN 29 PM 12:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**701 WESTERN AVENUE, 2ND FLOOR
GLENDALE FL 91201**

Mailing Address
**701 WESTERN AVENUE, 2ND FLOOR
GLENDALE FL 91201**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2003

4. FEI Number **43-1726258**

Applied For
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. 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. **9900.00**

11. MAKE CHECK PAYABLE TO FL. 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 # NAME STREET ADDRESS CITY-ST-ZIP	P95000081592 STR MANAGEMENT CORPORATION OF FLORIDA 701 WESTERN AVENUE #200 GLENDALE CA 91210
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS CITY-ST-ZIP	300011193843 01/29/03--01094--003 **158.05
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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: SIGNATURE **1-21-03** **(818) 244-8080**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

CR2E003 (10/02)