

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



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

FILED

98 MAR 20 AM 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership

1a. DOCUMENT #
A96000001765

STORAGE PARTNERS OF OKEECHOBEE, LTD.

Mailing Address

**0075 POPLAR AVENUE
SUITE 229
MEMPHIS TN 38119**

Principal Office Address

**0075 POPLAR AVENUE
SUITE 229
MEMPHIS TN 38119**

3. Date Formed or Registered

09/24/1996

5a. Capital Contributions as Shown on record.

\$1,000,000.00

3a. Date of Last Report

01/09/1997

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

1,134,363

4. State or Country of Formation

FL

2. Mailing Address

10440 LITTLE PATUXENT PKY

2a. Principal Office Address

10440 LITTLE PATUXENT PKY

Suite, Apt. #, etc.

SUITE 1100

Suite, Apt. #, etc.

SUITE 1100

City & State

COLUMBIA, MD

City & State

COLUMBIA, MD

Zip

21044

Country

USA

Zip

21044

Country

USA

6. FEI Number

65-0708824

Applied For
 Not Applicable

7. Certificate of Status Desired

\$8.75 Additional Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. If changed, new Registered Agent/Office

Name

FF \$526.25

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, 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)

SUSA PARTNERSHIP, LIMITED PA

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

**0075 POPLAR AVENUE, S
10440 LITTLE PATUXENT PKY
SUITE 1100**

11b. City, State & Zip Code

**MEMPHIS TN 38119
COLUMBIA, MD 21044**

11c. Registration/Document Number

B94000000029

**500002462905--
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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

[Signature]

DATE

11-5-97

Typed or Printed Name of General Partner Signing Form

CHRISTOPHER P. MARR

Daytime Telephone Number

410-730-9500

CR2E003 (6/97)