

2001 UNIFORM BUSINESS REPORT (UBR)

0015998 AF

DOCUMENT # A96000001765
 1. Entity Name
STORAGE PARTNERS OF OKEECHOBEE, LTD.

FILED

Principal Place of Business
**10440 LITTLE PATUXENT PKY. STE 1100
 COLUMBIA MD 21044**

Mailing Address
**10440 LITTLE PATUXENT PKY. STE 1100
 COLUMBIA MD 21044**

01 APR 30 PM 12:25
**SECRETARY OF STATE
 TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

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

4. FEI Number **65-0708824**
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. **\$1,134,363.00**
 10. Amount of Capital Contributions in FLORIDA to date. **1,134,363.00**
 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 #	B94000000029
NAME	SUSA PARTNERSHIP, LIMITED PARTNERSHIP
STREET ADDRESS	10440 LITTLE PATUXENT RD, STE 1100
CITY-ST-ZIP	COLUMBIA MD 21044
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	900004216629--9
CITY-ST-ZIP	05/15/01 01036 011 ****526.25 ****526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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: Donna Bucke RECORDONNA Buck **4/20/01** **(410) 824-8711**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)