

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 MAY 18 P 3:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # A97000001819 1. Entity Name AVENTURA SELF STORAGE LIMITED PARTNERSHIP					
Principal Place of Business 19501 BISCAYNE BLVD., SUITE 400 ATTN: LEGAL DEPT. AVENTURA, FL 33180			Mailing Address 19501 BISCAYNE BLVD., SUITE 400 ATTN: LEGAL DEPT. AVENTURA, FL 33180		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		03212007 Chg-LP CR2E003 (12/06)	
4. FEI Number 65-0779251				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent HARTGLASS, LORI R 19501 BISCAYNE BLVD., SUITE 400 ATTN: LEGAL DEPT. AVENTURA, FL 33180	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00					
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 #	P97000073070	NAME	TURNBERRY SELF STORAGE, INC.	STREET ADDRESS	
STREET ADDRESS	19501 BISCAYNE BLVD., SUITE 400	CITY-ST-ZIP	AVENTURA, FL 33180	CITY-ST-ZIP	
DOCUMENT #	P97000068165	NAME	GRAMMACY, INC.	STREET ADDRESS	
STREET ADDRESS	19501 BISCAYNE BLVD., SUITE 400	CITY-ST-ZIP	AVENTURA, FL 33180	CITY-ST-ZIP	
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STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP	
14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>				Date Daytime Phone #	

STAPLE CHECK HERE

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