2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

DOCUMENT # A9800001429 1. Entity Name SECURITY STORAGE LIMITED PARTNERSHIP** 08 FEB -8 PM 3: 23 Principal Place of Business Mailing Address 102411 OVERSEAS HIGHWAY P.O. BOX 1101 SECRETARY OF STATE KEY LARGO, FL 33037 ISLAMORADA, FL 33036 TALLAHASSEE, FLORIDA 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 02411 O Suite, Apt. #, etc. 01232008 Chg-LP CR2E003 (12/06) City & State City & State 4. FEI Number Applied For 65-0846056 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KURFIST, WENDY Street Address (P.O. Box Number is Not Acceptable) C/O T-SHIRT CITY 102411 OVERSEAS HWY KEYLARGO, FL 33037 Zip Code City FL 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 Signature, typed or printed name of registered agent and title if applicable, DATE FILE NOW!!! FEE IS \$500.00 After May 1, 2008, 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 ADDRESS CHANGES ONLY P98000051363 DOCUMENT # STREET ADDRESS NAME QATAR AMERICAN HOLDINGS CORP. STREET ADDRESS 102411 OVERSEAS HIGHWAY CITY-ST-ZIP CITY-ST-7IP KEY LARGO, FL 33037 - 100118072511 02/14/08--01045--016 **500.00 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP DOCUMENT A STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT #. STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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