
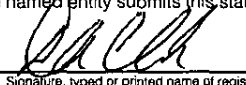



2001 UNIFORM BUSINESS REPORT (UBR)

0011634 AF

DOCUMENT # A98000001601				<div style="text-align: center;"> FILED 01 JAN-29-AM 10:58 SECRETARY OF STATE TALLAHASSEE, FLORIDA </div> 	
1. Entity Name MASONOVA, LTD.				DO NOT WRITE IN THIS SPACE	
Principal Place of Business 5652 ISABELLE AVENUE PORT ORANGE FL 32127		Mailing Address 5652 ISABELLE AVENUE PORT ORANGE FL 32127			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 59-3527674	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		Applied For Not Applicable	
6. Name and Address of Current Registered Agent CLARK, D. ANDREW 5652 ISABELLE AVENUE PORT ORANGE FL 32127				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 		D. ANDREW CLARK		01-22-01	
<small>Signature, typed or printed name of registered agent and title if applicable.</small>		<small>(NOTE: Registered Agent signature required when reinstating)</small>		<small>DATE</small>	
9. Capital Contributions as Shown on record. \$7,425.00		10. Amount of Capital Contributions in FLORIDA to date.		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			13. ADDRESS CHANGES ONLY		
DOCUMENT # M98199 NAME DAYTONA SELF STORAGE, INC. STREET ADDRESS 5652 ISABELLE AVENUE CITY-ST-ZIP PORT ORANGE FL 32127			STREET ADDRESS _____ CITY-ST-ZIP _____		
DOCUMENT # _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____			STREET ADDRESS _____ CITY-ST-ZIP _____		
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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: 		D. ANDREW CLARK, PRES		01-22-01 904-767-0350	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		<small>Date</small>		<small>Daytime Phone #</small>	

CR2E003 (11/00)