## 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A9900000222  1. Entity Name						oron FILED		
BLUE SPRINGS SELF-STORAGE, LTD.						DIVISION OF CORPORATION	ONS	
Principal Place of Business  1123 OVERCASH DRIVE  DUNEDIN FL 34698  Mailing Address  1123 OVERCASH DRIVE  DUNEDIN FL 34698-5522						OO APR 17 AM 11: 4.		
2. Principal Place of Business 18916 MAISONS DRIVE 18916 MAISONS Suite, Apt. #, etc.  3. Mailing Address 18916 MAISONS DRIVE Suite, Apt. #, etc.			DRWE		E	DO NOT WRIT	E IN THIS SPACE	
City & State LUTZ, FLORIDA LUTZ, FLORIDA			<u> </u>	4. FEI Number Applied For Not Applicable			Applied For Not Applicable	
Zip 33			Count	"VSA		5. Certificate of Status Desired	S8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent  Name WAYNE D. MUCCI				
VIETTO, DANIEL L					Street Address (P.O. Box Number is Not Acceptable)			
1123 OVERCASH DRIVE DUNEDIN FL 34698				189161		laisons Drive		
				City		2	FL 33549	
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, typedby printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
9. Capital Contributions as Shown on record.  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. DOCUMENT#	OCIMENT# P00000002127				100	ADDRESS CHA	ANGES ONLY	
NAME STREET ADDRESS	BLUE SPRINGS SELF-STORAGE, INC. 1123 OVERCASH DRIVE			ET ADDRESS ST-ZIP	189	8916 MAISONS LEWE		
CITY-ST-ZIP DOCUMENT#	DUNEDIN FL 34698				<u> </u>	112, 1600 DA 55541		
NAME STREET ADDRESS	STF			ET ADORESS	<del> </del>	·	Land Control of the State of th	
CITY-ST-ZIP	cn			800003228258G				
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STREET ADDRESS				ST-ZIP				
14. I hereby certify that the information supplied with this filing does not qualify for the exindicated on this report is true and accurate and that my signature shall have the sar				i legal effec	ct as it ma	ction 119.07(3)(i), Florida Statutes. I ade under oath; that I am a Genera	further certify that the information I Partner of the limited partnership or	
the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes								
SIGNATURE: DIVINOUS FIELD WAS D. HUCH, Res.) 4.13.00 (813) 949.9191  SIGNATURE and typed or printed name of signing general partner  Date Dayline Phone #								