

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **B00000000142**

1. Entity Name  
**UNITED STORAGE PARTNERS, L.P.**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 JUN 27 PM 1:04

Principal Place of Business  
**1787 SENTRY PARKWAY WEST, STE. 400, BLDG 1  
6  
BLUE BELL PA 19422**

Mailing Address  
**1787 SENTRY PARKWAY WEST, STE. 400, BLDG 1  
6  
BLUE BELL PA 19422**



2. Principal Place of Business		3. Mailing Address		DUE BY MAY 1, 2003	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>23-3046626</b>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>NRAI SERVICES, INC. 526 EAST PARK AVENUE TALLAHASSEE FL 32301</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	

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 _____	
9. Capital Contributions as Shown on record. <b>\$0.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. 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 #	<b>M00000000555</b>	STREET ADDRESS	
NAME	<b>UNITED STOR-ALL CENTERS, L.L.C.</b>	CITY-ST-ZIP	<b>500016206035</b>
STREET ADDRESS	<b>1787 SENTRY PARKWAY WEST, STE. 400, BLDG 1</b>		<b>06/27/03--01017--003 **88.75</b>
CITY-ST-ZIP	<b>BLUE BELL PA 19422</b>		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	<b>500016206035</b>
STREET ADDRESS			<b>04/17/03--01027--005 **52.50</b>
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		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: **DRUCE D. MARLEY** **3/4/03** **215-646-2200**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

0019031 MB

CR2E003 (10/02)

STAPLE CHECK HERE