

2001 UNIFORM BUSINESS REPORT (UBR)

0019035 AB

DOCUMENT # B00000000320

1. Entity Name

GRANT/LOUETTA SELF STORAGE, L.P.

FILED
01 APR 24 PM 6:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

14031 WEST HARDY
HOUSTON TX 77060

Mailing Address

P.O. BOX 1599
TOMBALL TX 77377-1599

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

76-0588294

Applied For

Not Applicable

5. Certificate of Status Desired ☒ X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RABOUD, RON
2706 REW CIRCLE, SUITE 100
OCFEE FL 34761

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

Signature, typed or printed name of registered agent and title if applicable.

(NOT: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$47,500.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$47,500

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 # M00000002176
NAME OBLADT INVESTMENTS, L.L.C.
STREET ADDRESS 14031 WEST HARDY
CITY-ST-ZIP HOUSTON TX 77060

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

AR 4-332.50

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

AR SUPP - 88.75

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

CERT - 8.75

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

430.00

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

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CITY-ST-ZIP

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05/16/01 01000 000

****430.00 ****430.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Kelly R. Ginn

Date

Daytime Phone #

04/17/01 281-445-8555

CR2E003 (11/00)