

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**DOCUMENT # B00000000320**

1. Entity Name  
**GRANT/LOUETTA SELF STORAGE, L.P.**



Principal Place of Business  
**14031 WEST HARDY**  
**HOUSTON, TX 77060**

Mailing Address  
**P.O. BOX 1599**  
**TOMBALL, TX 77377-1599**

**FILED**  
**04 MAY -4 AM 10:54**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**



03022004 Chg-LP CR2E003 (10/03)

2. Principal Place of Business

3. Mailing Address

**P.O. BOX 27**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**OCOE, FL**

Zip

Country

Zip

Country

**34261 US**

4. FEI Number  
**76-0588294**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$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**  
**OCOE, 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. 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. **\$47,500.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$47,500.00**

**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

13. ADDRESS CHANGES ONLY

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

STREET ADDRESS

CITY-ST-ZIP

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**988836931419**  
**05/19/04--01049--019 \*\*421.25**

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

**4/29/04 (407) 654-6425**

STAPLE CHECK HERE