

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

06 APR 24 AM 11:13

<b>DOCUMENT # B00000000320</b> 1. Entity Name GRANT/LOUETTA SELF STORAGE, L.P.			
Principal Place of Business 14031 WEST HARDY HOUSTON, TX 77060		Mailing Address P.O. BOX 27 OCOEE, FL 34761	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <i>1041 CROWN PARK CIRCLE</i> Suite, Apt. #, etc.	
City & State _____		City & State <i>WINTER GARDEN</i>	
Zip _____	Country _____	Zip <i>34782</i>	Country <i>ORANGE</i>
4. FEI Number 76-0588294		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RABOUD, RON <del>2706 REW CIRCLE, SUITE 100</del> <i>1041 CROWN PARK CIRCLE</i> <del>OCOEE, FL 34761</del> <i>WINTER GARDEN, FL 34782</i>		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____	
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.		City <b>FL</b> Zip Code _____	
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>			
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2006, Fee will be \$900.00</b>			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>			
<b>12. GENERAL PARTNER INFORMATION</b>		<b>13. ADDRESS CHANGES ONLY</b>	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	M00000002176 OBLADT INVESTMENTS, L.L.C. 14031 WEST HARDY HOUSTON, TX 77060	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 exemptions contained in Chapter 119, 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: <i>Ronald J. Raboud</i> <i>4/15/06</i>		Date <i>4/15/06</i> Daytime Phone # <i>(407) 877-0220</i>	

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