

2008 LIMITED PARTNERSHIP REINSTATEMENT

FILED

2008 OCT 28 AM 10: 52

DOCUMENT # B00000000320

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



Principal Place of Business
14031 WEST HARDY
HOUSTON, TX 77060

Mailing Address *1041 CROWN PARK CIRCLE*
~~4040 CROWN PARK CIRCLE~~
WINTER GARDEN, FL 34787

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10212008 REIN-LP CR2E100 (1/07)

City & State

City & State

4. FEI Number
76-0588294

Applied For
Not Applicable

Zip

Country

Zip

Country

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
1041 CROWN PARK CIRCLE
WINTER GARDENS, FL 34787
WINTER GARDEN, FL 34787

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. Pursuant to the provisions of section 620.1810 or 620.1909, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 620, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (REGISTERED AGENT MUST SIGN)

DATE

FILE NOW!!! FEE IS \$500.00
After January 1, 2009, Fee will be \$1000.00

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

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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STREET ADDRESS

CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE

700132326597
10/27/08 -- 01055--026 **500.00

REINSTATEMENT 08