2002 UNIFORM BUSINESS REPORT (UBR) B0100000155 DOCUMENT # FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 1. Entity Name RECKER HWY. SELF STORAGE, L.P. 02 MAY -2 PH 12: 12 Principal Place of Business Mailing Address 14031 WEST HARDY P.O. BOX 1599 HOUSTON TX 77060 TOMBALL TX 77377-1599 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. **DUE BY MAY 1, 2002** City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RABOUD, RON Street Address (P.O. Box Number is Not Acceptable) 2706 REW CIRCLE, SUITE 100 OCOEE FL 34761 City 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. 9. Capital Contributions 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO DEPT. OF STATE \$0.00 as Shown on record in FLORIDA to date. 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. GENERAL PARTNER INFORMATION 12. ADDRESS CHANGES ONLY DOCUMENT # M00000002176 CR2E003 (9/01) STREET ADDRESS OBLADT INVESTMENTS, L.L.C. NAME STREET ADDRESS 14031 WEST HARDY CITY-ST-ZIP CITY-ST-ZIP HOUSTON TX 77060 DOCUMENT # STREET ADDRESS 200005610002--5 NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ****141.25 ****141.25 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT (STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

ROWSIN J. RABBOR 4/29/02 (402)854-8475