2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

| | Due By | May 1, 2004 | | | trem |
|--|--|---|---|---|--|
| DOCUMENT # B01000000155 | | | | | |
| 1. Entity Name RECKER HWY. SELF STORAGE, L.P. | | | | 04 HAY -4 AM 10: 54 | |
| A | | | | | |
| Principal Place of Business Mailing Address | | Mailing Address | | TAI LAHAS | Y OF STATE SEE.FLORIDA |
| • 14031 WEST HARDY P.O. BOX 1599 HOUSTON, TX 77060 TOMBALL, TX 7737 | | P.O. BOX 1599 TOMBALL, TX 77377-159 | ۵ | 1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| 710001014, 17 | . 77,00 | TOMBREE, IN TOOT TOO | • |) | #1 mælir Bussi word wormt irabr æller bljubit år to |
| 2. Principal P | lace of Business | 3. Mailing Address | 22 | | |
| Suite, Apt. #, etc. | | E. O. Box 27 Suite, Apt. #, etc. | | 4 | |
| | | 0311.8 04-4- | | 03022004 Chg-LP | CR2E003 (10/03) |
| City & State | | City State City State | F | 4. FEI Number 74-2997423 | Applied I Not Appli |
| Zip | Country | 247C/ | Country | 5. Certificate of Status Desir | red S8.75 Additional Fee Required |
| 6. Name and Address of Current Registered A | | ent Registered Agent | | 7. Name and Address of New Registered Agent | |
| RABOUD, | RON | | Name | | |
| 2706 REW CIRCLE, SUITE 100 OCOEE, FL 34761 | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | | | |
| | | | City | | FL Zip Code |
| | named entity submits this statemer tions of registered agent. | it for the purpose of changing its reg | istered office or registe | • | of Florida. I am familiar with, and ac |
| SIGNATURE | Signature, typed or printed name of registered at | gent and title if applicable. | | 05/18/0401 | 6548664 048-008 **141,25 |
| 9. Capital Co as Shown | | 10. Amount of Capital C in FLORIDA to date. | ontributions | Θ | |
| | | R THAT IS A BUSINESS ENTIT MAY NOT be changed on the | | | |
| 12. | | NER INFORMATION | 13. | | CHANGES ONLY |
| DOCUMENT # NAME | M00000002176 OBLADT INVESTMENTS, L.L | c. | STREET ADDRESS | | |
| STREET ADDRESS CITY-ST-ZIP | 14031 WEST HARDY HOUSTON, TX 77060 | | CITY-ST-ZIP | | |
| DOCUMENT # | | | STREET ADDRESS | | |
| STREET ADDRESS CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| DOCUMENT # | | | STREET ADDRESS | | |
| NAME STREET ADDRESS CITY-ST-ZIP | | | CITY-ST-ZIP | | |
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| STREET ADDRESS City-St-Zip | | , in the second | CITY-ST-ZIP | | |
| DOCUMENT# NAME | | | STREET ADDRESS | | N48 |
| STREET ADDRESS CITY-\$1-ZIP | | | CITY-ST-ZIP | | |
| 14. i hereby indicated the recei | certify that the information supplied f on this report is true and accurate ver or trustee empowered to execut | with this filing does not qualify for the and that my signature shall have the e this report as required by Chapter | e exemption stated in S same legal effect as if 620, Florida Statutes | Section 119.07(3)(i), Florida Stati made under oath; that I am a G | utes. I further certify that the informa eneral Partner of the limited partners |
| SIGNAT | rupr. | EGL | | 8/20/nu | (enslowans |
| | | | | | |