

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 APR 24 AM 11:13

DOCUMENT # B01000000155 1. Entity Name RECKER HWY. 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 Zip Country		City & State <i>WINTER GARDEN</i> Zip Country <i>34787 ORANGE</i>		4. FEI Number 74-2997423 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04252006 Chg-LP CR2E003 (11/05)	
6. Name and Address of Current Registered Agent RABOUD, RON 2706 REW CIRCLE, SUITE 100 OCOEE, FL 34761			7. Name and Address of New Registered Agent 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00					
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		STREET ADDRESS		
NAME	OBLADT INVESTMENTS, L.L.C.		CITY-ST-ZIP		
STREET ADDRESS	14031 WEST HARDY				
CITY-ST-ZIP	HOUSTON, TX 77060				
DOCUMENT #			STREET ADDRESS	000074090220	
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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: <i>RABOUD J. RABOUD 4/25/06</i>			(407) 822-0225		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date Daytime Phone #</small>		

STAPLE CHECK HERE