


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

04 MAY 19 PM 2:54

DOCUMENT # B02000000246		
1. Entity Name NINETEEN SAC SELF-STORAGE LIMITED PARTNERSHIP		

Principal Place of Business 6100 NEIL ROAD, SUITE 500 RENO, NV 89511	Mailing Address 6100 NEIL ROAD, SUITE 500 RENO, NV 89511
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2. Principal Place of Business 715 S. Country Club Dr.	3. Mailing Address 2721 N. Central Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Mesa, AZ	City & State Phoenix, AZ
Zip 85210	Zip 85004
Country U.S.A.	Country U.S.A.

04232004 Chg-LP CR2E003 (10/03)

4. FEI Number	<input checked="" type="checkbox"/> 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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$5,904,127.00	10. Amount of Capital Contributions in FLORIDA to date. \$5,965,771.00
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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 #	F02000003543	STREET ADDRESS	
NAME	NINETEEN SAC SELF-STORAGE GP CORPORATION	CITY-ST-ZIP	
STREET ADDRESS	715 S. COUNTRY CLUB DR.		
CITY-ST-ZIP	MESA, AZ 85210		
DOCUMENT #		STREET ADDRESS	000036936600
NAME		CITY-ST-ZIP	05/19/04--01058--010 **926.25
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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 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: Bruce G. Brockhagen, Secretary 5/7/04 (602) 263-6195
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE