

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # B05000000329

1. Entity Name
NOAH'S ARK SELF STORAGE NO. 20, L.P.



SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 FEB 14 AM 11:18

Principal Place of Business
**30435 HIGHWAY 281 NORTH
 BULVERDE, TX 78163**

Mailing Address
**30435 HIGHWAY 281 NORTH
 BULVERDE, TX 78163**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01242006

Chg-LP

CR2E003 (11/05)

4. FEI Number

20-3469435

Applied For

Not Applicable

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

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324**

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

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 #
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

**F03000000494
 NOAH'S GP, INC.
 30435 HIGHWAY 281 NORTH
 BULVERDE, TX 78163**

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

000066800450
02/28/06-01017-021 **500.00

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STREET ADDRESS

CITY - ST - ZIP

I, **William M. Parham**, 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

William M. Parham

Date

Daytime Phone #

2/6/06

210 477-1220

STAPLE CHECK HERE