


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

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| DOCUMENT # B05000000508 |  |
| 1. Entity Name A-A-A STORAGE HWY 27, LP | |

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| Principal Place of Business 4203 SPINNAKER COVE AUSTIN, TX 78731 | Mailing Address 4203 SPINNAKER COVE AUSTIN, TX 78731 |
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|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

04242007 Chg-LP CR2E003 (12/06)

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|-----------------------------|-------------------------------|
| 4. FEI Number 20-2552623 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 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 <u>JOHN MURICH</u> Street Address (P.O. Box Number is Not Acceptable) <u>995 N. Hwy 27</u> City <u>MINNEOLA</u> FL Zip Code <u>34715</u> |
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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] DATE 4/24/07

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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 # | M05000006261 | STREET ADDRESS | 600103612146 |
| NAME | A-A-A STORAGE LLC | CITY - ST - ZIP | 05/31/07--01035--005 **500.00 |
| STREET ADDRESS | 4203 SPINNAKER COVE | | |
| CITY - ST - ZIP | AUSTIN, TX 78731 | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY - ST - ZIP | |
| STREET ADDRESS | | | |
| CITY - ST - ZIP | | | |
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| NAME | | CITY - ST - ZIP | |
| STREET ADDRESS | | | |
| 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 Andrew M. Bursk DATE 4/24/07 512-219-5789

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE