


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT # B07000000001 1. Entity Name SARASOTA STORAGE L.P.	
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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

08 JUN -2 PM 1:05

Principal Place of Business 13000 W. ROCKLAND ROAD LAKE BLUFF, IL 60044	Mailing Address 13000 W. ROCKLAND ROAD LAKE BLUFF, IL 60044
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2. Principal Place of Business - No P.O. Box # 619 CATTLEMEN ROAD Suite, Apt. #, etc.	3. Mailing Address 13528 BOULTON BLVD. Suite, Apt. #, etc.
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04242008 Chg-LP CR2E003 (12/06)

City & State SARASOTA, FL Zip 34232 Country USA	City & State LAKE FOREST, IL Zip 60045 Country USA
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4. FEI Number 20-8147845	Applied For <input type="checkbox"/> 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 CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

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

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

400131002564
 06/09/08--01002--009 **500.00

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 M07000000086 METRO JV FUND MANAGER-SARASOTA LLC 13000 W. ROCKLAND ROAD LAKE BLUFF, IL 60044	STREET ADDRESS CITY - ST - ZIP
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP M07000000022 CLPF-SARASOTA STORAGE GP, LLC 230 PARK AVENUE NEW YORK, NY 10169	STREET ADDRESS CITY - ST - ZIP BLT
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STAPLE CHECK HERE

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: Martin J. Gallagher **MARTIN J. GALLAGHER** 6/28/08 **847-235-8911**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #
PRESIDENT