2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

1. E	ntity Name	9	# B0700000 STORAGE L.P.	0220			SECRETARY OF STATE DIVISION OF CORPORATIONS 08 JUN -2 PM 1: 05			
135	Principal Place of Business Mailing Address 13528 BOULTON BLVD. 13528 BOULTON BLVD. LAKE FOREST, IL 60045 LAKE FOREST, IL 60045						1 1 1 1 1 1	re ne ibeni beni beri beri	ii efiii efiii efi	IN 17810 11011 NSYNGY &1 1061
2 . P	Principal Place of Business - No P.O. Box # 3. Mailing Address									
S	3501 6 ANDY BLVD. Suite, Apt. #, etc.			Suite, Apt. #, etc.			04242008	Chg-LP	CR2E00	03 (12/06)
C	ity & State		PARK, FL	City & State			4. FEI Numbe			Applied For
Ž	ip_	Country		Zip Cour		itry		OSスの3LC of Status Desired		Not Applicable 8.75 Additional
	3378			t Registered Agent				Address of New R	_ ,	Fee Required
CO		TION SE	DVICE COMPANY			Name :				
120	CORPORATION SERVICE COMPANY 1201 HAYS STREET					Street Address (P.O. Box Number is Not Acceptable)				
IAL	TALLAHASSEE, FL 32301-2525									
						City			FL	Zip Code
8. T	 The above named entity submits this statement for the purpose of changing its registered offic the obligations of registered agent. 					ed office or registe	red agent, or both	h, in the State of Fid	orida. I am fa	amiliar with, and accept
SIGN	SIGNATURE									
<u> </u>	Signature, typed or printed name of registered agent and title if applicable.							<u></u>	DATE	<u></u>
	FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00							ゆ1310 /0801002		
	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.	12. GENERAL PARTNER INFORMATION							ADDRESS CH		
DOCU! NAME	MENT #	M07000004206 METRO JV FUND MANAGER - PINELLAS PARK, LLC				EET ADDRESS				
			OULTON BLVD.							
-	CITY-ST-ZIP					EET ADDRESS		<u>.</u>	В	<u> </u>
NAME STREE			NELLAS PARK GP, LL DULTON BLVD.	•						
CITY-	CITY-ST-ZIP LAKE FOREST, IL 60045				CITY	-S1-ZIP				
DOCUI NAME	MENT #				STRI	EET ADDRESS				
1 '	T ADDRESS ST-ZIP				CITY	-ST-ZIP				
DOCUM	MENT #				STRI	EET ADDRESS				
ш	T ADDRESS ST-ZIP				CITY	-SI-ZIP				
	MENT #				STRI	EET ADDRESS				
CITY-	1 ADDRESS ST-ZIP				CITY	-ST-ZIP				
	MENT #				STRI	EET ADDRESS				
STREE	STREET ADDRESS CITY-SI-ZIP					-ST-ZIP		:		
	14. I hereby certify that the information supplied with this filling does not quality 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 part or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes									tify that the information the limited partnership
			Mans	M_	MAR		LAGHER	4/20/00	a	47-235-8911
210	GNAT	UKE: .	SIGNATURE AND TIPED	OR PRINTED NAME OF SIGNING GENER	RAL PARTNI	R PRESIDE	NT	Date Date		aytime Phone #