

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED


04 MAY -3 PM 3:40

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

NJH

DOCUMENT # B94000000029

1. Entity Name
SUSA PARTNERSHIP, LIMITED



Principal Place of Business
**175 TOYOTA PLAZA, STE. 700
 MEMPHIS, TN 38103**

Mailing Address
**175 TOYOTA PLAZA, STE. 700
 MEMPHIS, TN 38103**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country



01062004 Chg-LP CR2E003 (10/03) **513**

4. FEI Number
62-1554135

Applied For
 Not Applicable

5. Certificate of Status Desired **\$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

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.

9. Capital Contributions as Shown on record. **\$0.00**

10. Amount of Capital Contributions in FLORIDA to date.

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 # | F02000002962 | STREET ADDRESS | |
| NAME | SECURITY CAPITAL SELF STORAGE INCORPORATED | CITY-ST-ZIP | |
| STREET ADDRESS | 639 ISABELL RD., STE. 390 | | |
| CITY-ST-ZIP | RENO, NV 89509 | | |
| DOCUMENT # | | STREET ADDRESS | 500035706325 |
| NAME | | CITY-ST-ZIP | 05/05/03--01108--015 |
| STREET ADDRESS | | | 141.25 |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
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| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

STAPLE CHECK HERE

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: Donna Buch **4/28/04** **4108848711**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #