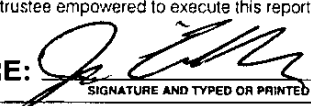


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED

2005 APR 28 PM 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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		3. Mailing Address 10440 LITTLE PATUMENT PARKWAY			
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE 700			
City & State		City & State COLUMBIA, MD 21044		4. FEI Number 62-1554135	
Zip	Country	Zip	Country	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 _____ 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. 0.00			
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 #	F02000002962			STREET ADDRESS	175 TOYOTA PLAZA, SUITE 700
NAME	SECURITY CAPITAL SELF STORAGE INCORPORATED			CITY-ST-ZIP	MEMPHIS, TN 38103
STREET ADDRESS	639 ISABELL RD., STE. 390				
CITY-ST-ZIP	RENO, NV 89509				
DOCUMENT #				STREET ADDRESS	100054918981
NAME				CITY-ST-ZIP	05/20/05--01049--013 **141.25
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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 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: 				Date: 4/24/05 Daytime Phone #: 410-730-9500	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER: Jim Eikenberg					

STAPLE CHECK HERE