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

2. Principal Place of Business	3. Mailing Address
	10440 LITTLE PATUXENT PARKWAY
Suite, Apt. #, etc.	Suite, Apt. #, etc. SUITE 700
City & State	City & State COLUMBIA, MD 21044
Zip / Country	Zip / Country

03112005 Chg-LP CR2E003 (10/03)

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. 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		
STREET ADDRESS	639 ISABELL RD., STE. 390	CITY-ST-ZIP	MEMPHIS, TN 38103
CITY-ST-ZIP	RENO, NV 89509		
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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: [signature] Jim Eikenberg 4/21/05 410-730-9500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #