

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B94000000029

1. Entity Name  
SUSA PARTNERSHIP, LIMITED



FILED

03 JUL 18 AM 11:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



0019637 MB

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2003

4. FEI Number 62-1554135

Applied For

Not Applicable

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

G 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

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

DATE

9. Capital Contributions  
as Shown on record.

\$0.00

10. Amount of Capital Contributions  
in FLORIDA to date.

0.00

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

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  
NAME SECURITY CAPITAL SELF STORAGE INCORPORATED  
STREET ADDRESS 639 ISABELL RD., STE. 390  
CITY-ST-ZIP RENO NV 89509

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
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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:

REDDONA BUCK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/28/2003

Date

410-884-8711

Daytime Phone #

CR2E003 (10/02)

# **STORAGE USA®**

July 15, 2003

Division of Corporations  
Registration Section  
PO Box 6327  
Tallahassee, FL 32314

Ref: SUSA Partnership, Limited Uniform Business Report  
Document #: B94000000029

Dear Sir or Madam:

Attached is the corrected Uniform Business Report for the company mentioned above. The report was rejected by the state because the amount of capital contributions on line 10 was changed from those contributions on record. This change was made in error. Due to this error, the maximum fee of \$526.25 was paid. Line 10 should be zero and only the minimum fee of \$141.25 should have been paid. Therefore, please accept the corrected report and refund SUSA Partnership, Limited \$385.

If you have any questions or need more information, please feel free to contact me at (410) 884-8711.

Sincerely,



Donna Buck  
Manager of Tax Controllershship

Attachment