

# LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

FILED

02 MAY 13 PM 2: 53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *B94000000457*  
1. Entity Name  
*Storage Trust Properties, LP*

**DO NOT WRITE IN THIS SPACE**

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2. Principal Place of Business  
*701 Western Ave*  
Suite, Apt. #, etc.

3. Mailing Address  
*Same*  
Suite, Apt. #, etc.  
*2nd CIR*

City & State  
*Glendale CA*

Zip  
*91201*

Country  
*US*

**DUE BY MAY 1**

4. FEI Number  
*43-11689822*

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
*NRAI SERVICES, INC.*

Street Address (P.O. Box Number is Not Acceptable)  
*5210 E Park Ave.*

City  
*Tallahassee* **FL** Zip Code  
*32301*

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. *\$ .00*

10. Amount of Capital Contributions in FLORIDA to date.

**11. MAKE CHECK PAYABLE TO 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		
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<i>PS. Texas Holdings, LTD 701 Western Ave Glendale, CA 91201</i>	STREET ADDRESS CITY - ST - ZIP <i>700005664207--0 -06/03/02--01024--016 ***141.25 ***141.25</i>
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		
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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: *M. Roberts* *Michele Roberts* MAY 02 2002 (813) 244-8080

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER