## 2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By September 8, 2004

2004	LIMITED PARTN Due By Sep	ERSHIP ANNU tember 8, 200		EPORT	υ/.	27/04	
DOCUMENT # B9500000434  1. Entity Name DEVON/WEST PALM LIMITED PARTNERSHIP					OY/27/OY ELLED SECRETARY OF STATE DIVISION OF CORPORATIONS  04 AUG 12 PM 1: 28		
Principal Place of Business 7501 SOUTH DIXIE HIGHWAY WEST PALM BEACH, FL 33405			Mailing Address 2000 POWELL STREET, SUITE 1240 EMERYVILLE, CA 94608				
2. Principal Place of Business		3. Mailing Address	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		08112004 Chg-LP	CR2E003 (10/03)	
City & State		City & State	City & State		4. FEI Number 94-3232581	Applied For Not Applicable	
Zip	Country	Zip	Cour	ntry	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				<u> </u>	7. Name and Address of New I	Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET				Name Street Address (P.O. Box Number is Not Acceptable)			
	SSEE, FL 32301						
				City		FL Zip Code	
	named entity submits this statementons of registered agent.	t for the purpose of changing	g its register	ed office or register	ed agent, or both, in the State of Fl	orida. I am familiar with, and accept	
SIGNATURE -	Signature, typed or printed name of registered as	gent and title if applicable.				DATE	
9. Capital Contributions as Shown on record. \$990.00 In FLORIDA to date.							
					FERED AND ACTIVE WITH TH		
12.		NER INFORMATION	13.		ADDRESS CH	<u> </u>	
DOCUMENT # NAME	DEVON SELF STORAGE HOLDINGS (US) LLC 2000 POWELL STREET, SUITE 1240		STRI	EET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			CITY	r-st-zip			
DOCUMENT # NAME STREET ADDRESS	s		STR	EET ADDRESS	500040651605 <del>08/31/04 01004-015 **541.25</del>		
CITY-ST-ZIP		- Hugher	CITY	-ST-ZIP			
DOCUMENT # NAME			STR	EET ADDRESS			
STREET ADORESS CITY+ST-ZIP			CITY	'-ST-ZIP			
DOCUMENT # NAME			STR	EET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			спу	/-ST-ZIP			
DOCUMENT # NAME			STR	EET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP			
DOCUMENT # *NAME			STR	EET ADDRESS			
STREET ADDRESS	,		CITY	'-ST-ZIP			
14. I hereby of indicated the receiv	certify that the information supplied on this report is true and accurate are or trustee empoyared to execute	with this filing does not quali and that five signature shall h this report as required	fy for the exercise the same the same bapter 620,	emption stated in Se le legal effect as if n Florida Statutes		I further certify that the information al Partner of the limited partnership or	
		'	~		8.11 14	511 450920a	

Date