

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # B96000000299
 1. Entity Name

ACQUIPORT/AMSDELL I LIMITED PARTNERSHIP

FILED
 01 MAR 12 PM 12:07
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
 6745 ENGLE ROAD, SUITE 300 6745 ENGLE ROAD, SUITE 300
 MIDDLEBURG HEIGHTS OH 44130 MIDDLEBURG HEIGHTS OH 44130

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number **34-1837021** 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.
 SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **\$12,659,517.00** 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 #	F96000003795
NAME	AMSDELL PARTNERS, INC.
STREET ADDRESS	6745 ENGLE ROAD, SUITE 300
CITY-ST-ZIP	MIDDLEBURG HEIGHTS OH 44130
DOCUMENT #	
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13. ADDRESS CHANGES ONLY

STREET ADDRESS	
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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
 ACQUIPORT/AMSDELL I LIMITED PARTNERSHIP

SIGNATURE: Todd C. Amsdell **SIGNATURE REQUIRED** 3/2/01 440-234-0700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #
 Todd C. Amsdell, Secretary of Amsdell Partners, Inc.

CR2E003 (11/00)