## 2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

## FILED Mar 24, 2006 08:00 AM Secretary of State

440-2-34-0700 Daytime Phone #

<b>▶</b> .	Duc by the	43 1, 2000		. Secre	etary of State
DOCUMENT # B9600000299  1. Entity Name U-STORE-IT, L.P.					oury or state
Principal Place of Business Mailing Address 6745 ENGLE ROAD, SUITE 300 6745 ENGLE ROAD, SUITE 300 MIDDLEBURG HEIGHTS, OH 44130 MIDDLEBURG HEIGHTS, OH 44130					
DO NOT WRITE IN THIS SPACE				01052006 No Chg-LP	CR2E003 (11/05)
			<b>-</b>	4. FEI Number 34-1837021	Applied For Not Applicable
		•	·•···	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	8. Name and Address of Current F	Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			DO NOT WRITE		
PLANTATI	ON, FL 33324	•		IN THIS SP	ACE
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; at	ed title if applicable.			DATE
FILE NOWIII FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00				<u>  (id x l Q x l</u>	100479432 36-90003-016 500 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. DOCUMENT!	GENERAL PARTNER D04000000048	INFORMATION			
NAME STREET ADDRESS	U-STORE-IT TRUST 6745 ENGLE ROAD	·			
CHY-ST-ZIP	CLEVELAND, OH 44130	~			
DOCUMENT # NAME					
STREET ADDRESS					
GOCUMENT #					
STREET ADDRESS CITY-ST-ZIP				DO NOT WE	<del></del>
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP				IN THIS SPA	ACE
DOCUMENT # NAME STREET ADDRESS CITY-S7-219	-				
DOCUMENT # NAME STREET ADDRESS CITY- ST- ZIP					

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 path; 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SIGNATURE: