


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 APR 23 AM 11:05

DOCUMENT # B96000000299

1. Entity Name
 U-STORE-IT, L.P.



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

Mailing Address
 6745 ENGLE ROAD, SUITE 300
 MIDDLEBURG HEIGHTS, OH 44130



2. Principal Place of Business - No P.O. Box #
 50 Public Square
 Suite, Apt. #, etc.
 Suite 2800

3. Mailing Address
 50 Public Square
 Suite, Apt. #, etc.
 Suite 2800

04072008 Chg-LP CR2E003 (12/06)

City & State
 Cleveland, OH

City & State
 Cleveland, OH

Zip
 44113

Country
 USA

4. FEI Number
 34-1837021

Applied For
 Not Applicable

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

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

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

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

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. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	D04000000048	STREET ADDRESS	50 Public Square, # 2800
NAME	U-STORE-IT TRUST	CITY-ST-ZIP	Cleveland, OH 44113
STREET ADDRESS	6745 ENGLE ROAD		
CITY-ST-ZIP	CLEVELAND, OH 44130		
DOCUMENT #		STREET ADDRESS	700125114507
NAME		CITY-ST-ZIP	04/22/08--01042--011 **500.00
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STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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 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: *Kathleen A. Weipens* Date: 4/17/08 Daytime Phone #: 216-274-1340

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Kathleen A. Weipens
 Secretary of State