

CORPORATE
ACCESS,
INC.

396000000452
D Thomasville Road, Second Floor, Second Square, Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (904) 222-2666 or (800) 969-1666, Fax (904) 222-1666

WALK IN

PICK UP

11/26/96

CERTIFIED COPY

CUS

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FILING

Ltd. Partnership

1.) Colonial Self Storage, L.P.
(CORPORATE NAME & DOCUMENT #)

2.)
(CORPORATE NAME & DOCUMENT #)

3.)
(CORPORATE NAME & DOCUMENT #)

4.)
(CORPORATE NAME & DOCUMENT #)

5.)
(CORPORATE NAME & DOCUMENT #)

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(CORPORATE NAME & DOCUMENT #)

10.)
(CORPORATE NAME & DOCUMENT #)

SPECIAL INSTRUCTIONS

C. TAX CUS
FILING 8.75
R. AGENT FEE 1752.42
C. COPY 25.00
TOTAL 52.02
N. BANK 1846.25
BALANCE DUE
REFUND

PK

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File

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SECRETARY OF
DIVISION OF CORPORATIONS
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96 NOV 26 AM 11:07
DIVISION OF CORPORATIONS

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Florida Department of State, Sandra B. Northington, Secretary of State

**APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

1. Colonial Self Storage, L.P.

(Name of limited partnership as it is in the home state)

2. _____

(If name is unavailable, name under which the limited partnership proposes to register or transact business in Florida; must contain the word "LIMITED" or "LTD.")

3. Georgia

(State of Formation)

4. September 26, 1996

(Date of Formation)

5. John Elder

(Name of Registered Agent for Service of Process)

First National Bank of Florida at Bonita Springs

6. 27975 Old 41 Road

(Street Address of Registered Office)

Bonita Springs

(City)

, Florida

33923

(Zip Code)

7. Acceptance by the Registered Agent for Service of Process.

(Agent must sign on this line)

8. 6640 Powers Ferry Road, Suite 200, Atlanta, Georgia 30339

(Address of registered office required in state of formation or, if not required, address of principal office.)

9. NAMES OF GENERAL PARTNERS

STREET ADDRESS

Omni Self Storage, Inc.

6640 Powers Ferry Road, Suite 200
Atlanta, Georgia 30339

F46000006194

10. 6640 Powers Ferry Road, Suite 200, Atlanta, Georgia 30339

(Office where Names, Addresses and Contributions of Limited Partners are kept.)

11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is cancelled or withdrawn.

CONTINUED

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SECRETARY OF CORPORATIONS
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12. 6640 Powers Ferry Road, Suite 200

Atlanta, Georgia 30339

(Mailing Address of Limited Partnership)

Under penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

This day of 21, November, 19 96

OMNI SELF STORAGE, INC., a Georgia corporation

By: [Signature]

President

General Partner

STATE OF Georgia

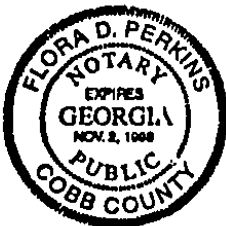
COUNTY OF Fulton

On this 21 day of November, 19 96, Mark K. Rasmus

personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____



Seal

[Signature]
(Notary Public Signature)

(Notary's Printed Name)

My Commission Expires: _____

FLORA D. PERKINS
My Commission Expires
November 2, 1998.

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DIVISION OF CORPORATIONS
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**AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FOREIGN LIMITED
PARTNERSHIP**

BEFORE ME the undersigned personally appeared Mark K. Rasmus, President of Omni Self Storage, Inc. a general partner of Colonial Self Storage, L.P. (an) Georgia limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 681,600.00 .
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 681,600.00 .

Under the penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

This 21 day of November, 1996 .

OMNI SELF STORAGE, INC., a Georgia corporation

By: [Signature]
President General Partner

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STATE OF Georgia

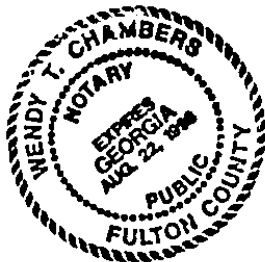
COUNTY OF Fulton

On this 21st day of November, 1996, Mark K. Rasmus

personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____



Seal

Wendy T. Chambers
(Notary Public Signature)

Wendy T. Chambers
(Notary's Printed Name)

My Commission Expires: August 22, 1998