

APPLICATION FOR  
REINSTATEMENT  
FOR



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Morham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 MAY 14 PM 3:46

LIMITED PARTNERSHIP  
*Annual Report 1998*  
DOCUMENT # B96000000452

1. Name of Limited Partnership

COLONIAL SELF STORAGE, L.P.

DO NOT WRITE IN THIS SPACE.

2. Mailing Address  
6640 Powers Ferry Road

Suite, Apt. #, etc.  
200

City & State  
Atlanta, GA

Zip  
30339

Country

3. Principal Office Address

6640 Powers Ferry Road

Suite, Apt. #, etc.

200

City & State  
Atlanta, GA

Zip  
30339

Country

4. Date Formed or Registered  
To Do Business in Florida

5. FEI Number

58-2268293

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. State or Country of Formation Georgia

8a. Capital Contributions as Shown  
on Record:

\$681,600.00

8b. Amount of Capital Contributions in  
FLORIDA to date:

**FEES:** 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 8b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.  
2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year.  
3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent.  
Note: If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. Name and Address of Current Registered Agent

Mark K. Rasmus  
24431 Reserve Court #101  
Bonita Springs FL 33431

10. If changed, new registered agent/office

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

33916

10a. Pursuant to the provisions of sections 620 1051 and 620 192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620 192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Names of General Partner(s)

Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

City, State and Zip Code

11a. Registration  
Document Number

OMNI SELF STORAGE, INC.

6640 Powers Ferry Road  
Suite 200

Atlanta, GA 30339

F96000006194

300002526123--B  
-05/15/98--01107--018  
\*\*\*\*526.25 \*\*\*\*526.25

**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Albert L. Scott

DATE

4/22/98

Typed or Printed Name of General Partner Signing Form

Telephone Number

770/952-4090

CR2E039 (12/97)