

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

01 MAY -2 AM 9:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0027203 AF

DOCUMENT # **M99000000754**

1. Entity Name
STORAGE PORTFOLIO I LLC

Principal Place of Business
**165 MADISON AVENUE, SUITE 1300
MEMPHIS TN 38103**

Mailing Address
**10440 LITTLE PATUXENT PARKWAY
SUITE 1100
COLUMBIA MD 21044**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
175 TOYOTA PLAZA

3. Mailing Address

Suite, Apt. #, etc.
SUITE 700

Suite, Apt. #, etc.

City & State
MEMPHIS, TN

City & State

4. FEI Number
52-2170959

Applied For
 Not Applicable

Zip
38103

Country
USA

Zip

Country

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE _____ Delete
NAME **MGR**
STREET ADDRESS **SUSA PARTNERSHIP, L.P.**
CITY-ST-ZIP **165 MADISON AVENUE, SUITE 1300
MEMPHIS TN 38103**

TITLE _____ Change Addition
NAME
STREET ADDRESS **175 TOYOTA PLAZA, SUITE 700**
CITY-ST-ZIP **MEMPHIS, TN 38103**

TITLE _____ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE _____ Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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05/29/01 01:31:00
*******50.00 *****50.00**

TITLE _____ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE _____ Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE _____ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE _____ Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE _____ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE _____ Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE _____ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE _____ Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Donna Buck **REQUI Donna Buck** 4/19/01 (410) 884-8711

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone #

CR2E083 (11/00)