


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90347 026 ***150.00

DOCUMENT # P94000014264	
1. Entity Name SELF-STOR ALAFAYA PARTNERS, INC.	

Principal Place of Business 310 W. CENTRAL PARKWAY SUITE 7000 ALTAMONTE SPRINGS, FL 32714	Mailing Address 310 W. CENTRAL PARKWAY SUITE 7000 ALTAMONTE SPRINGS, FL 32714
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2. Principal Place of Business	3. Mailing Address
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2200 LUCIEN WAY, STE 410 MAITLAND FL 32751	2200 LUCIEN WAY, STE 410 MAITLAND FL 32751
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4. FEI Number 59-3237321	Applied For Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MIKKELSON, W. MICHAEL 310 W. CENTRAL PARKWAY SUITE 7000 ALTAMONTE SPRINGS, FL 32802	7. Name and Address of New Registered Agent Name 2200 LUCIEN WAY, STE 410 (acceptable) MAITLAND FL 32751 City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MIKKELSON, W. MICHAEL			NAME	2200 LUCIEN WAY, STE 410		
STREET ADDRESS	310 W. CENTRAL PARKWAY, SUITE 7000			STREET ADDRESS	MAITLAND FL 32751		
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Wm. Michael Mikkelson 4/28/06 407 774 8888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #