


**2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004**

**FILED
Apr 26, 2004 08:00 AM
Secretary of State**

DOCUMENT # A06572 1. Entity Name PUBLIC STORAGE PROPERTIES IV, LTD.	
--	---

Principal Place of Business 701 WESTERN AVENUE, 2ND FLOOR GLENDALE, CA 91201	Mailing Address 701 WESTERN AVENUE, 2ND FLOOR GLENDALE, CA 91201
--	--

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



04162004 Chg-LP CR2E003 (10/03)

4. FEI Number 95-3192402		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent NRAI SERVICES, INC. 526 EAST PARK AVENUE TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

6. 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

9. Capital Contributions as Shown on record. \$20,000,000.00	10. Amount of Capital Contributions in FLORIDA to date. 8526.25
---	--

**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 # NAME STREET ADDRESS CITY - ST - ZIP	850308 PUBLIC STORAGE, INC. 701 W AVE #200 GLENDALE, CA 912012349	STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	F96000002630 BWH MARINA CORPORATION II 701 W AVE #200 GLENDALE, CA 912012349	STREET ADDRESS CITY - ST - ZIP	000000145372 05/03/04-60020-022 526.25
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Drew Adams Corporate Gen. Partner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
 Vice President Date 4/23/2004 Daytime Phone # 918-244-9080