

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**A09574**

**LIMITED PARTNERSHIP REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 MAY 21 PM 1:38

DOCUMENT # **A 09574** **9/29/00**

1. Name of Limited Partnership  
**Public Storage Crescent Furch, LTD.**

500004338745--0  
-06/01/01--01092--010  
\*\*\*1552.50 \*\*\*1552.50

2. Principal Office Address  
**701 Western Avenue**

3. Mailing Office Address  
**701 Western Avenue**

4. Date Formed or Registered To Do Business in Florida  
**11/7/1980**

Suite, Apt. #, etc.  
**#200**

Suite, Apt. #, etc.  
**#200**

5. FEI Number  
**95-3549309**

City & State  
**Glendale CA**

City & State  
**Glendale, CA**

6. CERTIFICATE OF STATUS DESIRED  **\$8.75. Additional Fee required for a Certificate of Status**

Zip Country  
**91201 USA**

Zip Country  
**91201 USA**

7a. Capital Contributions as shown on Record:  
**4,490,000**

7b. Amount of Capital Contributions in FLORIDA to date:  
**4,490,000**

**8. Name and Address of Current Registered Agent**

Name  
**Corporation Service Company**

Street Address (P.O. Box Number is Not Acceptable)  
**1201 Hays Street**

Suite, Apt. #, Etc.

City  
**Tallahassee**

State Zip Code  
**FL 32301-2525**

- FEES:**
- 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, 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 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. 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.**

10. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number
Public Storage Inc.	701 Western Avenue	Glendale CA 91201	850308
HFAC TWD, Inc.	"	"	79600002628
Amar Storage Co. etc	"	"	79300002841
Penalty 1000 2000 437.50 2001 437.50 Sup. fee 177.50 <b>2000-01 2052.50</b>			500004338745--0 -06/01/01--01092--011 ***500.00 ***500.00

**REINSTATEMENT**

**2000-01 2052.50**

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

11. 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)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) 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 **M. Moffitt**

Corporate Gen. Partner  
Vice President

DATE **3/30/01**

Typed or Printed Name of General Partner Signing Form **Michelle Moffitt**

Telephone Number **818-244-8040**