

**LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # *A09574*

1. Entity Name

Public Storage Crescent Fund, LTD

DO NOT WRITE IN THIS SPACE

FILED

02 MAY 13 PM 2:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

701 Western Ave

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2nd Fl.

DUE BY MAY 1

City & State

City & State

Glendale CA 91201

4. FEI Number

95-2549309

Applied For

Not Applicable

Zip

Country

Zip

Country

91201-2349

U.S.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

NRAI SERVICES, INC.

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

526 E. Park Ave

City

Tallahassee

FL

Zip Code

32301

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.

DATE

9. Capital Contributions as Shown on record.

4,490,000.00

10. Amount of Capital Contributions in FLORIDA to date.

**11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION**

**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

DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
<i>850308</i>	<i>Public Storage Inc</i>	<i>701 Western Ave</i>	<i>Glendale, CA 91201-2349</i>
<i>F96000002628</i>	<i>HFAC TWO, INC</i>	<i>701 Western Ave</i>	<i>Glendale, CA 91201</i>
<i>F93000002841</i>	<i>AMAR STORAGE COMPANY INC</i>	<i>701 WESTERN AVE</i>	<i>GLENDALE, CA 91201</i>

**700005638097--8
-05/29/02--01053--023
****526.25 ****526.25**

**DO NOT WRITE
IN THIS SPACE**

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *M. Roberts*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Michelle Roberts

MAY 0 2 2002

(818) 244-8080

Date

Daytime Phone #