2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

HERE

STAPLE CHECK

FILED DOCUMENT # A09574 May 02, 2008 8:00 A.M. Secretary of State PUBLIC STORAGE CRESCENT FUND, LTD. Principal Place of Business Mailing Address 701 WESTERN AVENUE, 2ND FLOOR 701 WESTERN AVENUE, 2ND FLOOR GLENDALE, CA 91201 GLENDALE, CA 91201 3. Mailing Address 701 Western Avenue 2. Principal Place of Business - No P.O. Box # 701 Western Avenue Suite, Apt. #, etc. Suite 200 Suite, Apt. #, etc. Suite 200 04302008 CR2E003 (12/06) City & State Glendale, 4. FEI Number City & State Applied For Glendale, CA 95-3549309 Not Applicable Zip 91201-2349 Country \$8.75 Additional Zip 91201-2349 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00 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. GENERAL PARTNER INFORMATION 12. ADDRESS CHANGES ONLY DOCUMENT # D07000000015 STREET ADDRESS PUBLIC STORAGE, NAME STREET ADDRESS 701 WESTERN AVENUE CITY-ST-ZIP CITY-ST-ZIP GLENDALE, CA 912012349 DOCUMENT # STREET ADDRESS B. Wayne Hughes NAME 701 WESTERN AVENUE STREET ADDRESS 900129481149 85/14/88-01041--006 **\$00.00 CITY-ST-ZIP CITY-ST-ZIP GLENDALE, CA 912012349 E93000002841 DOCUMENT # STREET ADDRESS AMAR STORAGE COMPANY INC NAME STREET ADDRESS 701 WESTERN AVENUE CITY-ST-ZIP CITY-ST-7IP GLENDALE, CA 912012349 DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C -ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 Public Storage Drew Adams, Vice Pres. 4/29/2008 818-244-8080 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Daytime Phone