

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

FILED

97 DEC -8 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT #
A13886

PUBLIC STORAGE EURO PARTNERSHIP VI, LTD.

*AS-AR
CM*



Mailing Address PO BOX 198409 NASHVILLE TN 37210-0409- 3350 CUMBERLAND CIRCLE STE. 1500 ATLANTA, GA 30339		Principal Office Address 701 WESTERN AVE., 2ND FL GLENDALE CA 91201-2397	3. Date Formed or Registered 01/20/1983	5a. Capital Contributions as Shown on record. \$12,500,000.00
2. Mailing Address		2a. Principal Office Address	3a. Date of Last Report 10/08/1996	5b. Amount of Capital Contributions in FLORIDA to date 0
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation CA	4. State or Country of Formation	
City & State	City & State	6. FEI Number 95-3806392	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
Zip Country	Zip Country	7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. If changed, new Registered Agent/Office

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
City
FL Zip Code

10a. 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.

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
PUBLIC STORAGE INC.	600 N BRAND BLVD 3RD	GLENDALE CA	850308
HUGHES, B. WAYNE	600 N BRAND BLVD 3RD	GLENDALE CA	
G & A SELF STORAGE CORP	222 3RD AVE, N., STE	NASHVILLE TN	F93000001064

**600002374996--7
-12/17/97--01068--004
***625.00 ***156.25**

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

12. 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)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) 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 *Melanie Bunting*
Typed or Printed Name of General Partner Signing Form **Melanie Bunting**

DATE **12-2-97**
Daytime Telephone Number **703-618-3500**

CR2E003 (6/97)