


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

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

DOCUMENT # A13886

1. Entity Name
PUBLIC STORAGE EURO PARTNERSHIP VI, 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

Zip Country



04162004 Chg-LP CR2E003 (10/03)

4. FEI Number
95-3806392 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. 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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. **\$12,500,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **526.25**

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 #	850308	STREET ADDRESS	
NAME	PUBLIC STORAGE INC.	CITY-ST-ZIP	
STREET ADDRESS	701 WESTERN AVENUE		
CITY-ST-ZIP	GLENDALE, CA 91201		
DOCUMENT #		STREET ADDRESS	000000145368
NAME	HUGHES, B. WAYNE	CITY-ST-ZIP	05/03/04-80020-020 526.25
STREET ADDRESS	701 WESTERN AVENUE		
CITY-ST-ZIP	GLENDALE, CA 91201		
DOCUMENT #	F96000002628	STREET ADDRESS	
NAME	HFAC TWO, INC.	CITY-ST-ZIP	
STREET ADDRESS	701 WESTERN AVENUE		
CITY-ST-ZIP	GLENDALE, CA 91201		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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**
Drew Adams **Vice President**

Date: **4/23/2004** Daytime Phone #: **818-244-8080**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE