

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
96 DEC 23 PM 4:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

712-50

1. Name of Limited Partnership Public Storage Institutional Fund II, A California Limited Partnership	1a. DOCUMENT # A25339
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Mailing Address Dept PT PO Box 25025 Glendale, CA 91201-5025	Principal Office Address Dept PT 701 Western Avenue, Suite 200 Glendale, CA 91201-2349
2. Mailing Address Dept PT PO Box 25025 Glendale, CA 91201-5025	2a. Principal Office Address 701 Western Avenue Suite 200 Glendale, CA 91201-2349

3. Date Formed or Registered 10-16-87	5a. Capital Contributions as Shown on records 105,750,000
3a. Date of Last Report 1-5-96	5b. Amount of Capital Contributions in FLORIDA to date 6,871,952
4. State or Country of Formation CA	6. FEI Number 95-4078993
7. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	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
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10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is not acceptable) Suite, Apt. #, etc. City Zip Code

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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 hereby authorized to 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
PSI Institutional Advisors, Inc.	701 Western Ave, Ste 200	Glendale, CA 91201	F96000000951
Hughes, B. Wayne	701 Western Ave, Ste 200	Glendale, CA 91201	

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  DATE 12-2-96

Typed or Printed Name of General Partner Signing Form Robert B. Gerich Daytime Telephone Number (818)244-8080

CR2E003 (6/96)

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