

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



LIMITED PARTNERSHIP
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra Morham
Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT #
A28869

PUBLIC STORAGE INSTITUTIONAL FUND III, A CALIFORNIA LIMITED PARTNERSHIP



Mailing Address

P.O. BOX 25025
GLENDALE CA 91201-5025

Principal Office Address

600 N BRAND BLVD
SUITE 300
GLENDALE CA 91200

3. Date Formed or Registered

09/11/1989

5a. Capital Contributions as Shown on record.

\$103,000,000.00

3a. Date of Last Report

02/26/1996

5b. Amount of Capital Contributions in FLORIDA to date:

4. State or Country of Formation

CA

2. Mailing Address

2a. Principal Office Address

Suite, Apt #, etc

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. FEI Number

95-4147611

Applied For
 Not Applicable

7. Certificate of Status Desired

\$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 FL 33324

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt #, etc.

400002045484-5

-01/03/97--01137--024

City

***576.25 FL ***576.25

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

HUGHES, B. WAYNE
PSI INSTITUTIONAL ADVISORS,

600 N BRAND BLVD 3RD
701 Western Ave
600 N BRAND BLVD, SU
701 Western Ave

GLENDALE CA - 91201-2349
GLENDALE CA 91209-
91201-2349

F98000000951

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

Obren B. Gerich

Daytime Telephone Number

(818) 244-8080

CR2E003 (6/96)