

**LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 MAY 13 PM 2:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *A28869*

1. Entity Name

Public Storage Institutional Fund III,

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

701 Western Ave

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ind. Pk.

DUE BY MAY 1

City & State
Glendale CA

City & State

4. FEI Number

95-4147611

Applied For

Not Applicable

Zip
91201

Country
US

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

NRAE SERVICES, INC.

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

526 E. Park Ave

City
Tallahassee

FL

Zip Code
32301

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

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

DATE

9. Capital Contributions

as Shown on record. *103,000,000.00*

10. Amount of Capital Contributions

in FLORIDA to date.

**11. MAKE CHECK PAYABLE TO DEPT OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION**

**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

DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP
<i>77600000951</i>	<i>PSI INSTITUTIONAL ADVISORS, INC.</i>	<i>701 WESTERN AVE</i>	<i>GLENDAL, CA 91201</i>
<i>897000000298</i>	<i>P.S. TEXAS HOLDINGS, LTD</i>	<i>701 Western Ave</i>	<i>Glendale, CA 91201</i>

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DO NOT WRITE
IN THIS SPACE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

MAY 02 2002

(818) 244-8060

SIGNATURE: *M Roberts* *Michelle Roberts*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #