


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

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

DOCUMENT # A28869 1. Entity Name PUBLIC STORAGE INSTITUTIONAL FUND III, A CALIFORNIA LIMITED PARTNERSHIP	
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Principal Place of Business 701 WESTERN AVENUE, 2ND FLOOR GLENDALE, CA 91201	Mailing Address DEPT. PT P.O. BOX 25025 GLENDALE, CA 91221-5025
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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04232004 Chg-LP CR2E003 (10/03)

4. FEI Number 95-4147611	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 526 EAST PARK AVENUE TALLAHASSEE, FL 32301
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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. \$103,000,000.00	10. Amount of Capital Contributions in FLORIDA to date. \$ 526,25
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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 # NAME STREET ADDRESS CITY - ST - ZIP	F96000000951 PSI INSTITUTIONAL ADVISORS, INC. 701 WESTERN AVENUE GLENDALE, CA 91201	STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	B97000000298 PS TEXAS HOLDINGS, LTD. 701 WESTERN AVENUE GLENDALE, CA 912012349	STREET ADDRESS CITY - ST - ZIP	000000145407 05/03/04-80023-010 526.25
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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: Draw Adams Draw Adams Corporate Gen. Partner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Vice President
 Date 4/23/2004 Daytime Phone # 818-244-8080

STAPLE CHECK HERE