


**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

FILED
Apr 09, 2005 08:00 AM
Secretary of State

DOCUMENT # A28869					
1. Entity Name PUBLIC STORAGE INSTITUTIONAL FUND III, A CALIFORNIA LIMITED PARTNERSHIP					
Principal Place of Business 701 WESTERN AVENUE, 2ND FLOOR GLENDALE, CA 91201			Mailing Address DEPT. PT P.O. BOX 25025 GLENDALE, CA 91221-5025		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 95-4147611	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$103,000,000.00			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 #	F96000000951		STREET ADDRESS		
NAME	PSI INSTITUTIONAL ADVISORS, INC.		CITY-ST-ZIP		
STREET ADDRESS	701 WESTERN AVENUE			U00000294963 04/09/05-80009-016 526.25	
CITY-ST-ZIP	GLENDALE, CA 91201				
DOCUMENT #	B97000000298		STREET ADDRESS		
NAME	PS TEXAS HOLDINGS, LTD.		CITY-ST-ZIP		
STREET ADDRESS	701 WESTERN AVENUE				
CITY-ST-ZIP	GLENDALE, CA 912012349				
DOCUMENT #			STREET ADDRESS		
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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)(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.					
SIGNATURE: <i>Drew Adams</i>			Corporate General Partner Drew Adams Vice President		Date 03/25/2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					Daytime Phone # 818-244-8080



STAPLE CHECK HERE