

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0018452 AB

DOCUMENT # **A28869**



FILED
03 JAN 29 AM 10:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name
**PUBLIC STORAGE INSTITUTIONAL FUND III, A CALIFOR
NIA 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

701 Western Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2nd floor

DUE BY MAY 1, 2003

City & State

City & State

Glendale California

4. FEI Number **95-4147611**

Applied For
Not Applicable

Zip

Country

Zip

Country

91201

USA

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE FL 32301**

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 _____
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. **103,000,000.00**

11. MAKE CHECK PAYABLE TO FL. 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

13. ADDRESS CHANGES ONLY

DOCUMENT # **F96000000951**
NAME **PSI INSTITUTIONAL ADVISORS, INC.**
STREET ADDRESS **701 WESTERN AVENUE**
CITY-ST-ZIP **GLENDALE CA 91201**

STREET ADDRESS

CITY-ST-ZIP

600011194316

DOCUMENT # **B97000000298**
NAME **PS TEXAS HOLDINGS, LTD.**
STREET ADDRESS **701 WESTERN AVENUE**
CITY-ST-ZIP **GLENDALE CA 91201-2349**

STREET ADDRESS

CITY-ST-ZIP

01/29/03--01094--010 **526.25

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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: _____

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1-21-03
Date

(818) 244-8030
Daytime Phone #

CR2E003 (10/02)