


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # A98000000964	
1. Entity Name PUBLIC STORAGE DAVIE, LTD.	

Principal Place of Business 701 WESTERN AVENUE GLENDALE, CA 91201	Mailing Address 701 WESTERN AVENUE GLENDALE, CA 91201
-------------------------------------------------------------------------	-------------------------------------------------------------

DO NOT WRITE IN THIS SPACE



04122006 No Chg-LP	CR2E003 (11/05)
4. FEI Number 65-0829254	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTON, FL 33331
--------------------------------------------------------------------------------------------------------------------------------------

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____
-----------------------------------------------------------------------------------------------------------------	------------

FILE NOW!!! FEE IS \$500.00  
 After May 1, 2006, Fee will be \$900.00

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	P04000158646 PS DAVIE, INC. 701 WESTERN AVENUE GLENDALE, CA 91201
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

U00000531686  
05/06/06-80055-005 500.00

DO NOT WRITE IN THIS SPACE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Drew Adams</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	<u>Drew Adams</u> Corporate Gen. Partner Vice President	<u>4/12/06</u> <small>Date</small>	<u>8182447080</u> <small>Daytime Phone #</small>
---------------------------------------------------------------------------------------------------------------	------------------------------------------------------------	---------------------------------------	-----------------------------------------------------