## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED





## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

OLAPR 23 AM 9: 42

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT #	1397000000131	9/20/NO
1. Name of Limited Partnership		1/4/1/00
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Public Storage Pickup 3120 Ivery

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*****	282 50	****782。	50

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		3. Mailing Office Add		4. Date Formed or Registered To Do Business in Florida 3/10/1997		
	in Arrove		ero Amenue			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number Applied For		
#200	)	#200		95-462/258 Not Applicable		
City & State		City & State		CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee requi		
Glenda	lle CA	Clenda	We, CA	for a Certificate of Status		
Zip	Country	Zip	Country	7a. Capital Contributions as shown on Record:		
91201	USA	91201	USA	7b. Amount of Capital Contributions in FLORIDA to date:		
	8. Name and Address o	1-				
Coporation Service Company				FEES:  1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50,		
	× Number is Not Acceptable)			for <u>each year due</u> this office.  2.) Supplemental Fee(s): \$88.75 for <u>each year due</u> this office, beginning with 1992 calendar year.		
Suite, Apt. #, Etc.	Hays Stre	E C	<del></del>			
Suite, Apt. #, Etc.				3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent.		
Tallahassee FL			Zip Code 32301—2525	Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.		
for the purpose of char		tered agent, or both, in the Sta	ate of Florida. Such change was auth	ized or registered under the laws of the State of Florida, submits this statement norized by its general partner(s). I hereby accept the appointment of registered		

SIGNATURE	(Registered	Agent	Accepting	Appointment)	_

## A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

10. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number
Public Storage Pickup & Delivery, Inc.	701 Western Arrove		19600006217
) Diverg, Size.	·	<i>9120 </i> 200040 -04/25/ ****50	 
<i>4</i> .	da	Line I be a restrictive of	No. of the Control of

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11.	I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualif	y for the exemption stated in Section 119.07(3)(i).	Florida Statutes, I release the Division of
	Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information	on supplied is deemed exempt from public acces	s. I further certify that the information indicated
	on this annual report is true and accurate and that my signature shall have the same legal effects as if many	ade under oath. I further certify that I am a Gener	al Partner of the limited partnership, receiver or
	trustee empowered to execute this report as required by chapter 620, Florida Statutes.		•
	m mui	Corporate Gen. Partner	3/20/2

SIGNATURE MICULE MOSLIH

Typed or Printed Name of General Partner Signing Form

Telephone Number \_ \$18- 244- 1080

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PS

701 Western Avenue, Suite 200 Glendale, CA 91201-2349

Tel: (818) 244-8080 Fax: (818) 548-9288

March 30,2001

Division of Corporations Attn: Partnership Section P.O. Box 6327 Tallahassee, FL 32314

Entity: Public Storage Pickup & Delivery, LP

FEIN: 95-4621258

FL Partnership ID: B97000000131

## Dear Sir/Madam:

Please find enclosed the Florida Department of State form for Limited Partnership Reinstatement. We respectfully ask to be reinstated in the State of Florida for transacting business. We apologize for the late filing of the Limited Partnership Annual Report forms.

We have enclosed a check in the amount of \$782.50. This amount includes the following:

Annual Report 2000 Fee	\$ 52.50
Annual Report 2001 Fee	52.50
Supplemental Fee 2000	88.75
Supplemental Fee 2000 2001	88.75
Penalty- late filing of 2000	500.00
Total	\$782.50

If you have any questions, please call Cathy Kotowski at (818) 244-8080, extension 204. Thank you for your time and patience.

Sincerely,

Anita Mayala-McIntyre

Tax Manager

Enclosures as stated

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