


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

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

DOCUMENT # B97000000131			
1. Entity Name PUBLIC STORAGE PICKUP & DELIVERY, LP			
Principal Place of Business 701 WESTERN AVENUE, 2ND FLOOR GLENDALE, CA 91201-2394		Mailing Address 701 WESTERN AVENUE, 2ND FLOOR GLENDALE, CA 91201-2394	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331		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, \$14,203,710.00		10. Amount of Capital Contributions in FLORIDA to date.	
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	F96000006217	STREET ADDRESS	
NAME	PUBLIC STORAGE PICKUP & DELIVERY, INC.	CITY - ST - ZIP	
STREET ADDRESS	701 WESTERN AVENUE, #200		
CITY - ST - ZIP	GLENDALE, CA 912012394		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			000000294833
CITY - ST - ZIP			04/09/05-80005-002 526.25
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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: <u>Drew Adams</u>		Drew Adams Vice President 03/24/2005 818-244-8080	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		<small>Date Daytime Phone #</small>	



03092005 Chg-LP CR2E003 (10/03)

4. FEI Number 95-4621258 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

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