



FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998		 <p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>		<p>FILED 97 DEC 23 PM 2: 26 SECRETARY OF STATE TALLAHASSEE, FLORIDA</p> 	
1. Name of Limited Partnership PUBLIC STORAGE PROPERTIES V, LTD.		1a. DOCUMENT # A07315			
Mailing Address DEPT. PT P.O. BOX 25025 GLENDALE CA 91201-5025		Principal Office Address 701 W AVE #200 GLENDALE CA 91201-2349		3. Date Formed or Registered 03/09/1979 3a. Date of Last Report 12/23/1996 4. State or Country of Formation CA	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		5a. Capital Contributions as Shown on record. \$22,000,000.00 5b. Amount of Capital Contributions in FLORIDA to date: 2,868,096 6. FEI Number 95-3292068 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable 7. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Addtional Fee Required 8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
--	--	---	--

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

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

11. Name(s) of General Partner(s) Brown Moring Corporation HUGHES, B. WAYNE PUBLIC STORAGE INC	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 701 W AVE #200 701 W AVE #200	11b. City, State & Zip Code GLENDALE CA 91201 GLENDALE CA 91201	11c. Registration/Document Number P 96000002430 850308 800002400588--B -01/14/98--01112--018 ****541.25 ****541.25
---	--	--	---

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

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

DATE

12-8-97

Typed or Printed Name of General Partner Signing Form: **Obrien B. Gerich, Vice President**

Daytime Telephone Number: **(818) 244-8080**

CR2E003 (6/97)