

**LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # *AT3886*

1. Entity Name

Public Storage Euro Partnership II, LTD

DO NOT WRITE IN THIS SPACE

FILED

02 MAY 13 PM 2:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

701 Western Ave.

Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.

2nd Flr.

City & State

Glendale, CA 91201

Zip

91201

Country

U.S.

City & State

Zip

Country

4. FEI Number

95-3806392

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

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DUE BY MAY 1

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

NRAI SERVICES, INC. ✓

Street Address (P.O. Box Number is Not Acceptable)

526 E. Park Ave.

City

Tallahassee

FL

Zip Code

32301

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions

as Shown on record. *12,500,000*

10. Amount of Capital Contributions

in FLORIDA to date.

**11. MAKE CHECK PAYABLE TO 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

DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<i>85038 Public Storage Inc. 701 Western Ave Glendale, CA, 91201-2349</i>	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<i>F96006002028 HFAC TWO, INC. 701 Western Ave Glendale, CA 91201-2349</i>	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<i>B. WAYNE HUGHES 701 WESTERN AVE. GLENDALE, CA 91201-2349</i>	STREET ADDRESS	
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**DO NOT WRITE
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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:

M. Roberts

Michelle Roberts

MAY 02 2002

(818) 244-8080

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #