

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

APPROVED  
AND  
FILED

02 JUL 10 AM 9:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *A13987*

1. Entity Name

*Public Storage Euro Partnership I, LTD*

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*701 Western Ave*

3. Mailing Address

*Same*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*2nd Flr*

City & State

*Glendale, CA*

City & State

Zip

*91201*

Country

*U.S.*

Zip

Country

4. FEI Number

*95-3129105*

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**DUE BY MAY 1**

7. Name and Address of Current Registered Agent

Name

*NRAI SERVICES, INC.*

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

*536 E. Park Ave*

City

*Tallahassee*

FL

Zip Code

*32301*

**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.

SIGNATURE *Charles Baclet*

Charles Baclet, Vice President

6/12/2002

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

DATE

9. Capital Contributions

as Shown on record. *3,550,000*

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	STREET ADDRESS	CITY-ST-ZIP
<i>B970000000298</i>	<i>PS Texas Holdings</i>	<i>701 Western Ave</i>	<i>Glendale CA 91201</i>		
<i>F96000002028</i>	<i>HFA TWO, INC</i>	<i>701 WESTERN AVE</i>	<i>Glendale, CA 91201</i>		
	<i>WAYNE B. Hughes</i>	<i>701 Western Ave</i>	<i>Glendale, CA 91201</i>		

**DO NOT WRITE  
IN THIS SPACE**

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*

*Michae Roberts*

MAY 0 2 2002

(818) 244-8080

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date:

Daytime Phone #