


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

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

DOCUMENT # A13987					
1. Entity Name PUBLIC STORAGE EURO PARTNERSHIP V, LTD.					
Principal Place of Business 701 WESTERN AVENUE, 2ND FLOOR 2ND FL GLENDALE, CA 91201			Mailing Address 701 WESTERN AVENUE, 2ND FLOOR 2ND FL GLENDALE, CA 91201		
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
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. \$3,550,000.00			10. Amount of Capital Contributions in FLORIDA to date.		\$526.25
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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	B9700000298		STREET ADDRESS		
NAME	PS TEXAS HOLDINGS, LTD.		CITY - ST - ZIP		
STREET ADDRESS	701 WESTERN AVENUE, SUITE 200			000000294830 04/09/05-90004-001 526.25	
CITY - ST - ZIP	GLENDALE, CA 91201				
DOCUMENT #	HUGHES, B. WAYNE		STREET ADDRESS		
NAME	701 WESTERN AVENUE, SUITE 200		CITY - ST - ZIP		
STREET ADDRESS	GLENDALE, CA 91201				
CITY - ST - ZIP					
DOCUMENT #	F96000002828		STREET ADDRESS		
NAME	HFAC TWO, INC.		CITY - ST - ZIP		
STREET ADDRESS	701 WESTERN AVENUE, SUITE 200				
CITY - ST - ZIP	GLENDALE, CA 91201				
DOCUMENT #			STREET ADDRESS		
NAME			CITY - ST - ZIP		
STREET ADDRESS					
CITY - ST - ZIP					
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NAME			CITY - ST - ZIP		
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: <i>Drew Adams</i> Drew Adams Vice President			Corporate General Partner		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date	03/24/2005	Daytime Phone # 818-244-8080

STAPLE CHECK HERE