

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

FILED

97 DEC -8 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership	1a. DOCUMENT # A19863
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PUBLIC STORAGE EURO FUND III, LTD. *98-AR CM*



Mailing Address P.O. BOX 100409 NASHVILLE TN 37210-0409 3350 CUMBERLAND CIRCLE STE. 1500 ATLANTA, GA 30339	Principal Office Address 701 WESTERN AVENUE, 2ND FLOOR #15625 GLENDALE CA 91201-2397
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3. Date Formed or Registered 05/06/1985	5a. Capital Contributions as Shown on record \$4,118,500.00
3a. Date of Last Report 12/20/1996	5b. Amount of Capital Contributions in FLORIDA to date: 0.
4. State or Country of Formation CA	6. FEI Number 95-3603119 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	8. Make check payable to: Dept. of State (See reverse side for fee information)

2. Mailing Address	2a. Principal Office Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
PUBLIC STORAGE, INC.	600 N BRAND BLVD 3RD	GLENDALE CA	850308
HUGHES, B. WAYNE	600 N BRAND BLVD 3RD	GLENDALE CA	
G & A SELF STORAGE CORP.	424 CHURCH ST., STE 1	NASHVILLE TN	F93000001064

400002374994-4
-12/17/97--01068--004
******625.00 ****156.25**

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 *Melanie Bunting* DATE *12-2-97*
 Typed or Printed Name of General Partner Signing Form *Melanie Bunting* Daytime Telephone Number *770-618-3500*

CR2E003 (6/97)