


**2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # A19863
1. Entity Name
PUBLIC STORAGE EURO FUND III, LTD.



Principal Place of Business
**701 WESTERN AVENUE, SUITE 200
GLENDALE, CA 91201**

Mailing Address
**701 WESTERN AVENUE, SUITE 200
GLENDALE, CA 91201**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

6. Name and Address of Current Registered Agent
**NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE, FL 32301**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

9. Capital Contributions * as Shown on record. **\$4,118,500.00**

10. Amount of Capital Contributions in FLORIDA to date. **4526.25**

**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

DOCUMENT #	F96000002628
NAME	HFAC TWO, INC.
STREET ADDRESS	701 WESTERN AVENUE, SUITE 200
CITY - ST - ZIP	GLENDALE, CA 91201
DOCUMENT #	
NAME	HUGHES, B. WAYNE
STREET ADDRESS	701 WESTERN AVENUE, SUITE 200
CITY - ST - ZIP	GLENDALE, CA 91201
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	U00000145393 05/03/04-80023-007 526.25
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
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)(f), 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: *Drew Adams* **Corporate Gen. Partner**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **Vice President** 4/23/2004 **818-344-8080**
Daytime Phone #

STAPLE CHECK HERE



04162004 Chg-LP CR2E003 (10/03)

4. FEI Number **95-3603119** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required