


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

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

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



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



03092005 Chg-LP CR2E003 (10/03)

4. FEI Number Applied For
95-3603119 Not Applicable

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

6. Name and Address of Current Registered Agent
**NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331**

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 title if applicable.

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

DOCUMENT #	F9600002628
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	U00000294967
CITY - ST - ZIP	04/03/05-80009-017 526.25
STREET ADDRESS	
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STAPLE CHECK HERE

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: *Drew Adams* **Drew Adams Vice President** **03/24/2005 818-244-8080**
Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #