

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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LIMITED PARTNERSHIP ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership PS PARTNERS V, LTD., A CALIFORNIA LIMITED PARTNE RSHIP	1a. DOCUMENT # A22101
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Mailing Address DEPT. PT P.O. BOX 25025 GLENDALE CA 91201-5025	Principal Office Address 600 N. BRAND BLVD., SUITE 300 GLENDALE CA 91203
2. Mailing Address Suite, Apt #, etc. City & State Zip Country	2a. Principal Office Address 701 Western Ave. Suite 200 Glendale CA Zip Country 91201-2349 Los Angeles

3. Date Formed or Reg-stered 02/24/1986	5a. Capital Contributions as Shown on record \$74,000,000.00
3a. Date of Last Report 01/30/1996	5b. Amount of Capital Contributions in FLORIDA to date: 618,566
4. State or Country of Formation CA	6. FEI Number 95-3950440 <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)

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 Zip Code
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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
HUGHES, WAYNE B.	600 N. BRAND BLVD., 3	GLENDALE CA 91201	
PUBLIC STORAGE, INC.	701 Western Ave 600 N. BRAND BLVD., 3R 701 Western Ave.	GLENDALE CA 91201	850308

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 *Obrien B. Gerich* DATE 12-2-96

Typed or Printed Name of General Partner Signing Form: Obrien B. Gerich Daytime Telephone Number: (818)244-8080

CR2E003 (6/96)