

**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

**LIMITED PARTNERSHIP
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra Morham
Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership	1a. DOCUMENT # A26611
DIVERSIFIED STORAGE FUND, A CALIFORNIA LIMITED PARTNERSHIP	

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	2a. Principal Office Address 701 Western Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 300
City & State	City & State Glendale CA
Zip Country	Zip Country 91201-2349 Los Angeles

3. Date Formed or Registered 06/20/1988	5a. Capital Contributions as Shown on record \$75,000,000.00
3a. Date of Last Report 02/26/1996	5b. Amount of Capital Contributions in FLORIDA to date: 4,581,075
4. State or Country of Formation CA	
6. FEI Number 95-4031522	<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 CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number, Suite, Apt. #, etc.) City State Zip Code 980002045419--6 -01/03/97--01137--010 ****576.25 ****576.25 FL
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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, B. WAYNE PSI INSTITUTIONAL ADVISORS,	600 N BRAND BLVD 3RD 701 Western Ave. 600 N BRAND BLVD, SU 701 Western Ave.	GLENDALE CA 91201 GLENDALE CA 91203- 91201	F98000000951

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

2. 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

[Signature]

DATE **12-2-96**

Printed Name of General Partner Signing Form **Obren B. Gerich, VP PSI Inst. Adv.** Daytime Telephone Number **(818)244-8000**