


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

FILED
May 11, 2005 08:00 AM
Secretary of State

DOCUMENT # A98000000955
1. Entity Name
PUBLIC STORAGE POMPANO, LTD.



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

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



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

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

04262005 Chg-LP CR2E003 (10/03)

City & State

4. FEI Number
65-0829252

Applied For
Not Applicable

Zip Country

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. **\$1,990.00**

10. Amount of Capital Contributions in FLORIDA to date.

**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 | | 13. ADDRESS CHANGES ONLY | |
|---------------------------------|--------------------|--------------------------|--|
| DOCUMENT # | P04000158230 | STREET ADDRESS | |
| NAME | PS POMPANO, INC. | CITY-ST-ZIP | |
| STREET ADDRESS | 701 WESTERN AVENUE | | |
| CITY-ST-ZIP | GLENDALE, CA 91201 | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
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STAPLE CHECK HERE

14. 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 VP Corp General Partner 4/26/2005 813-244-8080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #