


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


DOCUMENT # B94000000454	
1. Entity Name STORAGE TRUST PROPERTIES LIMITED PARTNERSHIP	

Principal Place of Business 701 WESTERN AVENUE, 2ND FLOOR GLENDALE, CA 91201	Mailing Address 701 WESTERN AVENUE, 2ND FLOOR GLENDALE, CA 91201
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

FILED

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04232004 Chg-LP CR2E003 (10/03)

4. FEI Number 43-1689822	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NRAI SERVICES, INC. 526 EAST PARK AVENUE TALLAHASSEE, FL 32301-2525	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. \$0.06	10. Amount of Capital Contributions in FLORIDA to date. \$ 68,634.94	\$ 526.25
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**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 # NAME STREET ADDRESS CITY-ST-ZIP	B97000000298 PS TEXAS HOLDINGS, LTD 701 WESTERN AVENUE, SUITE 200 GLENDALE, CA 91201	STREET ADDRESS	
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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: *Deen Adams* **Corporate Gen. Partner**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER **Vice President** **4/23/2004** **818-244-8080**
Date Daytime Phone #