

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0018431 AB

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



FILED
03 FEB 28 PM 2:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
701 WESTERN AVENUE, 2ND FLOOR
GLENDALE CA 91201

Mailing Address
701 WESTERN AVENUE, 2ND FLOOR
GLENDALE CA 91201



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

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

DUE BY MAY 1, 2003

City & State

City & State

Zip Country Zip Country

4. FEI Number **43-1689822**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE FL 32301-2525

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. **\$0.06**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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 #	B97000000298
NAME	PS TEXAS HOLDINGS, LTD
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	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	01/28/03--01084--001 01/29/03--01094--001 400011193674
CITY-ST-ZIP	01/28/03--01084--001 01/29/03--01094--001 01/29/03--01094--001 **35.75
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	01/29/03--01094--001 400011193674
CITY-ST-ZIP	01/29/03--01094--001 02/28/03--01030--011 **45.50
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1-21-03 (818) 244-8030
Date Daytime Phone #

CR2E003 (10/02)