


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # B97000000131 1. Entity Name PUBLIC STORAGE PICKUP & DELIVERY, LP	
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Principal Place of Business 701 WESTERN AVENUE, 2ND FLOOR GLENDALE, CA 91201-2394	Mailing Address 701 WESTERN AVENUE, 2ND FLOOR GLENDALE, CA 91201-2394
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED

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04232004 Chg-LP CR2E003 (10/03)

4. FEI Number 95-4621258	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
NRAI SERVICES, INC. 526 EAST PARK AVENUE TALLAHASSEE, FL 32301	

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: \$10.00	10. Amount of Capital Contributions in FLORIDA to date: \$14,203,710	\$56.25
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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 #	F96000006217	STREET ADDRESS	
NAME	PUBLIC STORAGE PICKUP & DELIVERY, INC.	CITY-ST-ZIP	
STREET ADDRESS	701 WESTERN AVENUE, #200		
CITY-ST-ZIP	GLENDALE, CA 912012394		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP			

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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: Drew Adams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

7/23/2004
Date

818-244-8080
Daytime Phone #

STAPLE CHECK HERE