2002 UNIFORM BUSINESS REPORT (UBR)

0018174 AT

DOCUMENT # A27321

1. Entity Name

PS MARINAS 4, A CALIFORNIA LIMITED PARTNERSHIP

FILED

02 MAY -6 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
16633 VENTURA BLVD. 6TH FLOOR ENCINO CA 91436	16633 VENTURA BLVD. 6TH FLOOR ENCINO CA 91436

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DUE BY MAY 1, 2002

4. FEI Number 95-4177791 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$18,500,000.00	$1,728,000 -	

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 #	F97000003917	STREET ADDRESS	
NAME	WESTREC INVESTORS, INC.	CITY-ST-ZIP	
STREET ADDRESS	16633 VENTURA BLVD., 6TH FLOOR		
CITY-ST-ZIP	ENCINO CA 91436		
DOCUMENT #		STREET ADDRESS	701 WESTERN AVENUE
NAME	HUGHES, B. WAYNE	CITY-ST-ZIP	GLENDALE, CA 91201
STREET ADDRESS	600 N. BRAND BLVD.		
CITY-ST-ZIP	GLENDALE CA		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	400005677974--3
NAME		CITY-ST-ZIP	-06/04/02--01072--017
STREET ADDRESS			****535.00 ****535.00
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

CR2E003 (9/01)

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: Jeffrey K. Ellis BY JEFFREY K. ELLIS 4/23/02 (818)907-0400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #