

To: The Florida Dept. of State
Subject: 000173.101771.2
Division of Corporations

From: Ashley Smith

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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From:
Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850) 222-1173
Fax Number : (850) 224-1640

000173.101771.2

LP/LLP AMENDMENT/RESTATEMENT/CORRECTION

PS MARINAS 4, A CALIFORNIA LIMITED PARTNERSHIP

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$52.50

S. HAWKES

MAR 27 2009

EXAMINER

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TALLAHASSEE, FLORIDA

**AMENDMENT TO CERTIFICATE OF AUTHORITY
FOR
FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP**

1. The name of the limited partnership or limited liability limited partnership as it appears on the records of the Florida Department of State is:

PS Marinas 4 , a california limited partnership

2. The jurisdiction of its formation is: California

A21321

3. The date the entity was authorized to transact business in Florida is: 9-26-88

4. If the amendment changes the name of the limited partnership or limited liability limited partnership, enter the new name:

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

5. If the amendment changes the general partner(s), list the name and business address of each general partner:

Name:

Business Address:

Westrec Investors, Inc.

16633 Ventura Blvd., 6th Floor
Encino, California 91436

F9700003717

Westrec Marina Management, Inc.

16633 Ventura Blvd., 6th Floor
Encino, California 91436

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6. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

7. If the amendment corrects any false statement listed in the application, indicate the statement being corrected and the correction:

8. If the amendment is to add or delete an election to be a limited liability limited partnership statement, check the appropriate box:

- ☐ The entity elects to be a limited liability limited partnership.
- ☐ The entity is no longer a limited liability limited partnership.

9. Attached is an original certificate, no more than 90 days olds, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

10. Effective date, if other than the date of filing: _____
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Signature of a general partner:

Jeffrey K. Ellis

Typed or printed name:

Jeffrey K. Ellis

Filing Fee:	\$52.50
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

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State of California
Secretary of State



I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

That the attached transcript of 1 page(s) was prepared by and in this office from the record on file, of which it purports to be a copy, and that it is full, true and correct.



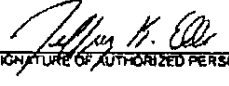
IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of

MAR 25 2009

Debra Bowen

DEBRA BOWEN
Secretary of State

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 State of California Secretary of State AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP A \$30.00 filing fee must accompany this form. IMPORTANT - Read instructions before completing this form		FILED in the office of the Secretary of State of the State of California MAY 14 2007 This Space For Filing Use Only	
1. SECRETARY OF STATE FILE NUMBER 198823700006		2. NAME OF LIMITED PARTNERSHIP PS Marinas 4, a California Limited Partnership	
3. COMPLETE ONLY THE BOXES WHERE INFORMATION IS BEING CHANGED. ADDITIONAL PAGES MAY BE ATTACHED, IF NECESSARY: A. LIMITED PARTNERSHIP NAME (END THE NAME WITH THE WORDS "LIMITED PARTNERSHIP" OR THE ABBREVIATION "LP")			
B. THE STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE		CITY AND STATE	ZIP CODE
C. THE STREET ADDRESS IN CALIFORNIA WHERE RECORDS ARE KEPT		CITY	STATE CA ZIP CODE
D. THE ADDRESS OF THE GENERAL PARTNER(S) NAME ADDRESS		CITY AND STATE	ZIP CODE
E. NAME CHANGE OF GENERAL PARTNER(S) FROM: TO:			
F. GENERAL PARTNER(S) CESSATION B. Wayne Hughes 701 Western Avenue, Glendale, California 91201-2397			
G. NAME OF GENERAL PARTNER(S) ADDED		ADDRESS	CITY AND STATE ZIP CODE
Westrec Marina Management, Inc.		16633 Ventura Boulevard, 6th Floor	Encino, California 91436
H. THE PERSON(S) AUTHORIZED TO WIND UP THE AFFAIRS OF THE LIMITED PARTNERSHIP NAME ADDRESS CITY AND STATE ZIP CODE			
I. THE NAME OF THE AGENT FOR SERVICE OF PROCESS			
J. ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL		CITY	STATE CA ZIP CODE
K. NUMBER OF GENERAL PARTNERS' SIGNATURES REQUIRED FOR FILING CERTIFICATES OF AMENDMENT, RESTATEMENT, MERGER, DISSOLUTION, CONTINUATION AND CANCELLATION.			
L. OTHER MATTERS (ATTACH ADDITIONAL PAGES, IF NECESSARY):			
4. I DECLARE THAT I AM THE PERSON WHO EXECUTED THIS INSTRUMENT, WHICH EXECUTION IS MY ACT AND DEED.			
 SIGNATURE OF AUTHORIZED PERSON		Chief Financial Officer, Westrec Marina Management, Inc. POSITION OR TITLE OF AUTHORIZED PERSON	
JEFFREY K. ELLIS TYPE OR PRINT NAME OF AUTHORIZED PERSON		MARCH 16, 2007 DATE	
 SIGNATURE OF AUTHORIZED PERSON		Vice President, Westrec Marina Management, Inc. POSITION OR TITLE OF AUTHORIZED PERSON	
Jeffrey K. Ellis TYPE OR PRINT NAME OF AUTHORIZED PERSON		May 10, 2007 DATE	
LP-2 (REV 03/2005)		APPROVED SECRETARY OF STATE	

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