2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0018474 AB

DOCUMENT # A27321

1. Entity Name
PS MARINAS 4, A CALIFORNIA LIMITED PARTNERSHIP

FILED
03 APR 23 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
16633 VENTURA BLVD.	16633 VENTURA BLVD.
6TH FLOOR	6TH FLOOR
ENCINO CA 91436	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, 2003

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

C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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.	$18,500,000.00	10. Amount of Capital Contributions in FLORIDA to date.	$2,073,000 –	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	13.	ADDRESS CHANGES ONLY
DOCUMENT #	F97000003917	STREET ADDRESS	500016697905
NAME	WESTREC INVESTORS, INC.		
STREET ADDRESS	16633 VENTURA BLVD., 6TH FLOOR		
CITY-ST-ZIP	ENCINO CA 91436	CITY-ST-ZIP	04/23/03--01010--020 **$35.00
DOCUMENT #		STREET ADDRESS	
NAME	HUGHES, B. WAYNE		
STREET ADDRESS	701 WESTERN AVE.		
CITY-ST-ZIP	GLENDALE CA 91201	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	

CR2E003 (10/02)

STAPLE CHECK HERE

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] VICE PRESIDENT 4/15/03 (818) 907-0400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #