

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

98 DEC 26 AM 9:28

Ymta
1/7



1. Name of Limited Partnership	1a. DOCUMENT # B97000000298
--------------------------------	---------------------------------------

PS TEXAS HOLDINGS, LTD.

Mailing Address 701 WESTERN AVENUE, SUITE 200 GLENDALE CA 91201-2349	Principal Office Address 4200 TEXAS COMMERCE TOWER, 600 TRAVIS SUITE 4200 HOUSTON TX 77002	3. Date Formed or Registered 06/17/1997	5a. Capital Contributions as Shown on record. \$15,000,000.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date: NONE
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation TX	6. FEI Number 95-4612967 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
City & State	City & State	7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	8. Make check payable to: Dept. of State (See reverse side for fee information)
Zip Country	Zip Country		

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	10. If changed, now Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
---	--

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s) PS GPT PROPERTIES, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 701 WESTERN AVENUE, S	11b. City, State & Zip Code GLENDALE CA 91201	11c. Registration/Document Number F97000001396
100002395951 -- 2 -01/09/98--01092--004 ****156.25 ****156.25			

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE *[Signature]* DATE **12-8-97**
 Typed or Printed Name of General Partner Signing Form **Boren B. Gerich, Vice President** Daytime Telephone Number **(818) 244-8080**

CR2E003 (6/97)