

# LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 397000000298  
1. Entity Name

*PS Texas Holdings, LTD*

FILED

02 MAY 13 PM 2:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
*701 Western Ave*

3. Mailing Address  
*Same.*

Suite, Apt. #, etc.  
*2nd Fl.*

Suite, Apt. #, etc.

City & State  
*Glendale, CA*

City & State

**DUE BY MAY 1**

4. FEI Number  
*95-4012967*

Applied For  
Not Applicable

Zip  
*91201*

Country  
*US*

Zip

Country

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

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
*NRAI SERVICES, INC.*

Street Address (P.O. Box Number is Not Acceptable)

*526 E. Park Ave*

City *Tallahassee* **FL** Zip Code *32301*

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. *15,000,000.00*

10. Amount of Capital Contributions in FLORIDA to date.

**11. MAKE CHECK PAYABLE TO 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		STREET ADDRESS
DOCUMENT # <i>F97000001396</i>	NAME <i>PSGPT PROPERTIES, Inc.</i>	CITY - ST - ZIP <i>Glendale, CA 91201</i>
DOCUMENT #	NAME	CITY - ST - ZIP
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**DO NOT WRITE**

**IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *M Roberts* *Michele Roberts*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

MAY 02 2002 (818) 244-8080