


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A17222</b> 1. Entity Name PS PARTNERS III, LTD.	
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Principal Place of Business 701 WESTERN AVENUE, 2ND FLOOR GLENDALE, CA 91201	Mailing Address 701 WESTERN AVENUE, 2ND FLOOR GLENDALE, CA 91201
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State	City & State
Zip Country	Zip Country



04232004 Chg-LP CR2E003 (10/03)

4. FEI Number 95-3920904	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>
NRAI SERVICES, INC. 526 EAST PARK AVENUE TALLAHASSEE, FL 32301

<b>7. Name and Address of New Registered Agent</b>
Name
Street Address (P.O. Box Number is Not Acceptable)
City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE _____
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9. Capital Contributions as Shown on record. <b>\$64,000,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>526.25</b>
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**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 #	B97000000298	STREET ADDRESS	
NAME	PS TEXAS HOLDINGS, LTD.	CITY - ST - ZIP	
STREET ADDRESS	701 WESTERN AVENUE #200		
CITY - ST - ZIP	GLENDALE, CA 91201		
DOCUMENT #		STREET ADDRESS	000000145403
NAME		CITY - ST - ZIP	05/03/04-80023-009 526.25
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			

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

<b>SIGNATURE:</b> <u>Drew Adams</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Corporate Gen. Partner Vice President	4/23/2004 Date	818-244-8080 Daytime Phone #
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