

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 DEC -1 PM 3:47

1. Name of Limited Partnership

1a. DOCUMENT #
A22101

PS PARTNERS V, LTD., A CALIFORNIA LIMITED
PARTNERSHIP



2/12/2

Mailing Address DEPT. PT P.O. BOX 25025 GLENDALE CA 91201-5025		Principal Office Address 701 W AVE #200 GLENDALE CA 91201-2349		3. Date Formed or Registered 02/24/1986	5a. Capital Contributions as Shown on record. \$74,000,000.00
2. Mailing Address		2a. Principal Office Address 700 Western Avenue		3a. Date of Last Report 12/23/1997	5b. Amount of Capital Contributions in FLORIDA to date: 696,600
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation CA	
City & State		City & State Glendale CA		6. FEI Number 95-3950440 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
91201-2349	USA	91201-2349	USA	8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. If changed, new 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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
PS TEXAS HOLDINGS, LTD.	4200 TEXAS COMMERCE T	HOUSTON TX 77002	B9700000298

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***526.25 ***526.25

CR2E003 (8/98)

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 *Abden B. Gerich* DATE 11-9-98
Typed or Printed Name of General Partner Signing Form Abden B. Gerich, Vice President Daytime Telephone Number (818) 244-8080