

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

A22101

LIMITED PARTNERSHIP REINSTATEMENT



OFFICE OF THE SECRETARY OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

01 MAY 21 PM 1:41

DOCUMENT # **A22101 9/29/00**
 1. Name of Limited Partnership
PS Partners V, LTD. A California Limited Partnership

700004338757--3
 -06/01/01--01092--019

2. Principal Office Address
701 Western Avenue
 Suite, Apt. #, etc.
#200
 City & State
Glendale CA
 Zip Country
91201 USA

3. Mailing Office Address
701 Western Avenue
 Suite, Apt. #, etc.
#200
 City & State
Glendale, CA
 Zip Country
91201 USA

4. Date Formed or Registered To Do Business in Florida
 ***500.00 ***500.00

5. FEI Number
95-3950440
 Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status.

7a. Capital Contributions as shown on Record:
74,000,000

7b. Amount of Capital Contributions in FLORIDA to date:
498,834

8. Name and Address of Current Registered Agent
 Name
Corporation Service Company
 Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street
 Suite, Apt. #, Etc.
 City State Zip Code
Tallahassee FL 32301-2525

FEES:
 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.
 2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year.
 3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent.
 Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. 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) _____
 700004338757--3
 -05/01/01--01092--018
 ***1552.50 ***1552.50

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

10. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number
PS Texas Holdings, LTD.	701 Western Ave.	Chico CA 91201	BA9700000298
		Penalty \$1000.00 2000 437.50 2001 437.50 Supp Fee's 177.50 2052.50	

REINSTATEMENT

2000-01

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

11. 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)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) 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 **M. Moffitt** Corporate Gen. Partner Vice President DATE **3/30/01**

Typed or Printed Name of General Partner Signing Form **Michelle Moffitt** Telephone Number **818-244-8010**