

**LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 MAY 13 PM 2:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A22101
1. Entity Name
PS Partners V, LTD

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
701 Western Ave
Suite, Apt. #, etc. 2nd Flr.
City & State Glendale, CA
Zip 91201 Country US

3. Mailing Address
Same
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number 95-3950440 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

**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. 74,000,000.00

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	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<u>B97000000298</u> <u>PS TEXAS HOLDINGS, LTD</u> <u>701 Western Ave</u> <u>Glendale, CA 91201</u>
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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)(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

SIGNATURE: Michel Roberts Michel Roberts MAY 02 2002 (818) 244-8080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #