


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0019433 AB

DOCUMENT # A22101	
1. Entity Name PS PARTNERS V, LTD., A CALIFORNIA LIMITED PARTNE RSHIP	

FILED
03 JAN 29 PM 12: 43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 700 WESTERN AVENUE. 2ND FLOOR GLENDALE CA 91201	Mailing Address 700 WESTERN AVENUE. 2ND FLOOR GLENDALE CA 91201
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2. Principal Place of Business <i>701 Western Avenue</i> Suite, Apt. #, etc. <i>2nd Floor</i> City & State <i>Glendale, California</i>	3. Mailing Address <i>701 Western Avenue</i> Suite, Apt. #, etc. <i>2nd Floor</i> City & State <i>Glendale, CA</i>
Zip <i>91201</i> Country <i>USA</i>	Zip <i>91201</i> Country <i>USA</i>

DUE BY MAY 1, 2003	
4. FEI Number 95-3950440	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 526 EAST PARK AVENUE TALLAHASSEE FL 32301	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL 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 _____ Signature, typed or printed name of registered agent and title if applicable. **DATE** _____

9. Capital Contributions as Shown on record. \$74,000,000.00	10. Amount of Capital Contributions in FLORIDA to date. 74,000,000.00	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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
DOCUMENT #	B97000000298
NAME	PS TEXAS HOLDINGS, LTD.
STREET ADDRESS	701 WESTERN AVENUE, #200
CITY-ST-ZIP	GLENDALE CA 91201
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13.	ADDRESS CHANGES ONLY
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
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CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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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: SIGNATURE [Signature] 1-21-03 **(818) 244-8080**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)