

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP  
ANNUAL REPORT  
1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

97 JAN -6 AM 11:40

mtm  
1/14



1. Name of Limited Partnership

1a. DOCUMENT #  
**A24871**

**PSH MASTER LIMITED PARTNERSHIP I**

Mailing Address

PO BOX 18035  
COLUMBUS OH 43218

Principal Office Address

10 W BROAD ST  
SUITE 400  
COLUMBUS OH 43215

3. Date Formed or Registered

07/15/1987

5a. Capital Contributions as  
Shown on record.

**\$22,711,184.21**

3a. Date of Last Report

01/03/1996

5b. Amount of Capital  
Contributions in FLORIDA  
to date:

4. State or Country of Formation

DE

6. FEI Number

31-1204568

☐ Applied For  
☐ Not Applicable

7. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

2. Mailing Address

2a. Principal Office Address

150 EAST GAY STREET

Suite, Apt. #, etc

Suite, Apt. #, etc

19th FLOOR

City & State

City & State

COLUMBUS, OH

Zip

Country

Zip

43218

Country

USA

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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

PC DEVELOPMENT LIMITED PARTN

10 W BROAD ST, #400

COLUMBUS OH 43215

A23892

800002059638--5  
-01/16/97--01007--011  
\*\*\*\*576.25 \*\*\*\*576.25

**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

DATE

12-27-96

Typed or Printed Name of General Partner Signing Form

BY: PH MANAGEMENT COMPANY

Daytime Telephone Number

(614) 227-4235

JAMES V. PICKETT PRESIDENT

CR2E003 (6/96)