e e			1	
PLEASE ÉA	A 1 ST CTIONS EFOR	F OMPLITING THIS FO	DRM.	
LIMITED PARTNERSHIP	DA DE RESPONSE	FILED SECRETARY OF S DIVISION OF CORPOR	TATE RATIONS	
REINSTATEMENT	Secretary of State DIVISION OF CORPORATIONS	OI MAY 21 PM	<b>ղ։ 4</b> 8	
DOCUMENT "		UI MAI ZI VIII		
DOCUMENT # #258  1. Name of Limited Partnership	31/ 9/29/00			
PS Parturs VIII LTD. A California Limited Parturship  2. Principal Office Address  3. Mailing Office Address		000004: -06/01 *****50	0000043387406 -06/01/0101092008 ****500.00 *****500.80	
		To Do Business in Florida	128/1989	
701 Western Arrove Suite, Apt. #, etc.	701 Western Arrows	5. FEI Number	Applied For	
#200	#200	95-402917		
City & State	City & State	CERTIFICATE OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status	
Zip Country	Clendale, CA Zip Country	7a. Capital Contributions as shown of	1 5	
91201 45A	91201 USA	7b. Amount of Capital Contributions		
8. Name and Address of Current Registered Agent 2, 224, 773				
Pame  Coporation Service Company  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.			\$7 per \$1,000 on amount entered	
Street Address (P.O. Box Number is Not Acceptable)  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				
Suite, Apt. #, Etc.		with 1992 calendar year.  3.) Penalty Fee(s): \$500 penalty fee for	each year report form is delinquent.	
City Tallahassee	State Zip Code <b>FL</b> 32301 — 253	Note: If the amount entered in 7b is 7a, a supplemental affidavit must be 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) DATE				
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	
RS Taxas Holding,	701 Western Are.	Chendale CA,	159700000298	
40.		<i>9/20/</i> 000004	8387406	
$\mathcal{X} = \mathcal{I}$	Pougle	-06/01 -06/01	/0101092009 952.50 ***1552.50	
	2000	437.50		
,	300 / Sup her	5177.50	1	
REINSTATEMENT 2000-01 2052.50				
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 777	Maffett	Orporate Gen. Partner Vice President DATE	3/30/0/	
Typed or Printed Name of General Partner Signing Form	mille mossitt	Telephone Number	18-244-8080	