


**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

**FILED
Apr 09, 2005 08:00 AM
Secretary of State**

DOCUMENT # A25237
1. Entity Name
PS PARTNERS VIII, LTD., A CALIFORNIA LIMITED PARTERSHIP



Principal Place of Business
**700 WESTERN AVENUE, 2ND FLOOR
GLENDALE, CA 91201**

Mailing Address
**700 WESTERN AVENUE, 2ND FLOOR
GLENDALE, CA 91201**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



02072005 Chg-LP CR2E003 (10/03)

4. FEI Number
95-4029178

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

5. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE, FL 32301**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. **\$26,375,500.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$526.25**

**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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	B97000000298	STREET ADDRESS	
NAME	PS TEXAS HOLDINGS, LTD.	CITY - ST - ZIP	
STREET ADDRESS	701 WESTERN AVENUE		
CITY - ST - ZIP	GLENDALE, CA 91201		
DOCUMENT #		STREET ADDRESS	1100000294961
NAME		CITY - ST - ZIP	04/09/05-80009-015 526.25
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CITY - ST - ZIP			

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Drew Adams* Drew Adams Corporate General Partner Vice President 3/30/2005 818-244-8080

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