


FILED
May 24, 2005 08:00 AM
Secretary of State

DOCUMENT # B01000000424				Secretary of State	
1. Entity Name TRAILS-HARRIS STREET, LTD.					
Principal Place of Business 1640 SOUTH SEPULVEDA BLVD., SUITE 308 LOS ANGELES, CA 90025		Mailing Address P.O. BOX 25991 LOS ANGELES, CA 90025			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip Country		Zip Country			
02102005		Chg-LP		CR2E003 (10/03)	
4. FEI Number 86-0694252		Applied For Not Applicable			
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$2,500.00		10. Amount of Capital Contributions in FLORIDA to date.			
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 # NAME STREET ADDRESS CITY-ST-ZIP	F01000006341 PACIFIC EQUITIES GROUP, INC. 1640 SOUTH SEPULVEDA BLVD., SUITE 308 LOS ANGELES, CA 90025	STREET ADDRESS CITY-ST-ZIP	1100000368225 05/24/05-80013-010 141.25		
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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: _____		David S. Rosen 4/28/05 310.477.5300			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #			