2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

FILED
May 11, 2005 08:00 AN
Secretary of State

DOCUMENT #B9700000178 1. Entity Name PSAF DEVELOPMENT PARTNERS, L.P.							S	ecreta	ry of Stat
Principal Place of Business Mailing Address 701 WESTERN AVE., 2ND FLOOR 701 WESTERN AVE., 2ND GLENDALE, CA 91201 GLENDALE, CA 91201					OR				
2. Principal Place of Business			3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04202005	Chg-LP	CR2E00	3 (10/03)
City & State			City & State			4. FEI Number 95-4627			Applied For Not Applicable
Zîp	Zip Country		Zip Coun		itry	5. Certificate of	of Status Desired	F(8.75 Additional
	5. Name and Address of C	urrent Regis	tered Agent			7. Name and	Address of New	Registered Ac	ent
	Word No	•			Name				
2731 EXEC	VICES, INC. CUTIVE PARK DRIVE				Street Address	s (P.O. Box Number is Not Acceptable)			
WESTON,	FL 33331_				City			FL	Zíp Code
	named entity submits this states ions of registered agent.	ment for the p	urpose of changing i	its register	ed office or regist	ered agent, or both	, in the State of F	Torída. I am fa	miliar with, and accept
SIGNATURE .	Signature, typed or printed name of register	red againt and title	f applicable.					DATE	
9. Capital Contributions as Shown on record. \$100,000.00 10. Amount of Capital Contributions in FLORIDA to date.									
	A GENERAL PART	NER THAT	IS A BUSINESS E	NTITY N	UST BE REGIS	STERED AND A	CTIVE WITH T	HIS OFFICE.	
12.	NOTE: General Partne			13.		ant moat be med		HANGES ONLY	
DOCUMENT #							ADDITE 30 01	MITOLO OILL	
NAME STREET ADDRESS	PS TEXAS HOLDINGS, LT 701 WESTERN AVE., 2ND				EET ADDRESS				
CITY-ST-ZIP	GLENDALE, CA 91201	FLOOR		CITY	(-SI-ZIP				
DOCUMENT #				STR	EET ADDRESS		- 05/11/0 :	(00365580 3-83007 =) 008 525.25
STREET ADDRESS CITY-ST-ZIP		·		CITY	(-5T-ZIP				
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NAME STREET ADDRESS					EET ADORESS	*.			<u> </u>
CITY-ST-ZIP 14. I hereby o	Pertify that the information suppli	led with this fi	ling does not qualify		r-ST-ZIP emption stated in S	Section 119.07(3)(i)	, Florida Statutes	. I further centi	y that the information
indicated the receiv	certify that the information suppli on this report is true and accura ear or trustee empowered to exe	ate and that m cute this repo	ny signature shall hav rt as required by Cha	re the sam apter 620,	e legal effect as il Florida Statutes	made under oath;	that I am a Gene	ral Partner of the	ne limited partnership o
SIGNAT	TURE: Draw A		Drew Adams	VP C	orporole Gun	erol Partmer	4/25/200		215-244 ROBO
,	BIGHATURE ∲ND	I TED ON PRIN	ted name of Eigning Ge	MENAL PART	1467		Date 1		layime Phone #