

Florida Department of State

Division of Corporations Public Access System

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Account Name : C T CORPORATION SYSTEM

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LP AMENDMENT/RESTATEMENT/CORRECTION

PSAF DEVELOPMENT PARTNERS, L.P.

Certificate of Status	0
Certified Copy	0
Page Count	05
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APR 24 2008

EXAMINER

4/23/2008

AMENDMENT TO CERTIFICATE OF AUTHORITY FOR FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

1. The name of the limited partnership or appears on the records of the Florida Dep. PSAF Development Parmers, L.P.			
2. The jurisdiction of its formation is: Cali	fornia		
3. The date the entity was authorized to to	ransact business in Florida is: 04/15/1997		
4. If the amendment changes the name of limited partnership, enter the new name: N/A	the limited partnership or limited liability		
Acceptable Limited Parmership suffixes: Limited Acceptable Limited Liability Limited Parmership . or LLLP.	Partnership, Limited, L.P., LP, or Ltd. suffixes: Limited Liability Limited Partnership, L.L.L.P.		
5. If the amendment changes the general each general partner:	partner(s), list the name and business address of		
Name:	Business Address:		
PS LPT Properties Investors	701 Western Avenue		
	Glendale, California 91201-2349		

6. If the amendment changes the ju	risdiction of orga	nization, indicate new jurisdiction:		
7. If the amendment corrects any fastatement being corrected and the correct and the corre		ed in the application, indicate the		
N/A				
			•	
8. If the amendment is to add or de partnership statement, check the app		be a limited liability limited		
The entity elects to h	oe a limited liabili	ty limited partnership.		
The entity is no long	er a limited liabil	ity limited partnership.		
 Attached is an original certificate aforementioned amendment(s), duly records in the jurisdiction under the 	y authenticated by	the official having custody of		
Department of State.) PS LPT Properties Invest a Maryland business tru Signature of a general partner:	s than 90 days after t tors ,	poa Filing he date this document is filed by the Florida		
By forms	<u> </u>			
Typed or printed name:				
Drew Adams, Vice President			8	
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75		APR 23	4
	Years 2 of 2		≩ 8	200

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State of California Secretary of State



I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

That the attached transcript of _____ page(s) has been compared with the record on file in this office, of which it purports to be a copy, and that it is full, true and correct.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of

APR 1 5 2008

DEBRA BOWEN Secretary of State



State of California Secretary of State

AMENDMENT TO

LP-2

CERTIFICATE OF LIN	MITED PARTNERS	HIP			
A \$30.00 filing fee mu	st accompany this form.				
IMPORTANT - Read Instruction		orm.	This 8	Space For F ling Use C	rily
FILE NUMBER	ENTITY NAME, (Enter the e	adt to eman tosk	mited partnership.)		
1. SECRETARY OF STATE FILE NUMBER	2. NAME OF LIMITED PARTNE				
199709700027	PSAF Development Pa	utoscs, I.P.			
S. OHECK HERE IF THE LIMITED PARTH LIMITED PARTHERSHIP ACT OF 2008.	ERSHIP WAS FORMED PRIOR TO	O JANUARY 1, 20	S AND HAS ELECTED	TO BE GOVERNED BY	THE UNIFORM
ITEMS 4 THROUGH 14: . Complete ONL' included may be made on an attachment to this	Y the flams to be amended or ad conflicute. Any attachments ero in	ided by this fling. noorporated herei	Attach additional page by this reference and a	s, if necessary. Any off made part of this certifica	er melters to be ste.
ENTITY NAME AS AMENDED (End the	name with the words "Limited Par	tnership" or the al	breviation "L.P.")		
4. NAME OF LIMITED PARTNERSHIP					Į.
		,			
PRINCIPAL EXECUTIVE OFFICE ADD	RESS of DESIGNATED OF	FICE ADDRES	S IN CALIFORNIA	\	
5. ADDRESS			CITY	STATE	ZIP CODE
AGENT FOR SERVICE OF PROCESS	(If the agent is an individual, cor	mptate both Hams	d and 7. If the agent is	a corporation, complete	Item 6 and leave
8. NAME OF AGENT FOR SERVICE OF PROCE	ISS				
7. IF AN INDIVIDUAL, ADDRESS OF AGENT FO	OR SERVICE OF PROCESS IN CAL	JEORNIA	CITY	STATE	ZIP COOE
		S. O 151		CA	
GENERAL PARTNER INFORMATION	WEW PARTNER ADDRES	SECHANCE I	IAME CHANCE	MAC DISSOCIATIO	NI.
S. New NAME	ADDRESS	33 Orange, I	CITY	STATE	ZIP CODE
PS LPT Properties Investors	701 Western Aver		Glondale	, CA	91201-2349
Addess NAME	ADDRESS		CITY	STATE	ZIP CODE
Спаную			w-1.7	• • • • • • • • • • • • • • • • • • • •	· · · · · ·
10. Name FROM:		11. General Pert	er Coession/Dissociatio	i ·	
Change TO:		NAME: PS	Texas Holdings, L	d.	
DISSOLUTION (Nem 12 may be checked !	(the lighted partnership is governe				red.)
12 THE LIMITED PARTNERSHIP IS DISSO					<u> </u>
AUTHORIZED PERSON (Enter the name		hodaed to wind u	the affairs of the limit	ed semecable and if it	e dissolved limited
partnership is governed by the Uniform Limited	Partnership Act of 2008, check to	he box in Hom 14	to indicate there are no	general pariners.)	
13, NAME	ADDRESS		¢m _Y	STATE	ZIP ČQD6
		·			<u></u>
14. THE LIMITED PARTNERSHIP DOES	NOT HAVE A GENERAL PARTN	IER.		CE OF	
EXECUTION (This conflicate must be sk signatures may be made on an attachment to	ned by all of the general partners this certificate.)	s unless otherwis	provided by law. If a	ddiddioi glighature ag ac	ots pocessary, the
15. I DECLARE I AM THE PERSON WHO EXE	والتاكسين والكائم والمتاكر	H EXECUTION IS	AY ACY AND DEED.	we to the	u)
Pebruary 28, 2008				100 (100)	(. 5)
DATE				/AL DES	67
PS Taxas Holdings,	Ltd.			TARY OF	
By: Trow Sdame	<u> </u>	Drew Ad	ams. Vice Pre	sident	
SIGNATURE OF GENERAL PARTNER PS LPS Properties I	nvestors	TYPEORP	RINT NAME OF GENER	AL PARTHER	
1 2.5.		Yangar A.d	arna Mina Brueldu-		
SIGNATURE OF CENERAL PARTNER	2		ams, Vice Presiden		
Address of Annual Annual Lead 1 Male		- I PE SAY	THE PERSON OF SERVICE		