


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000054613**

1. Entity Name  
**DOWNTOWN PSL, LLC**



Principal Place of Business      Mailing Address

**32-C SE OSCEOLA STREET**      **32-C SE OSCEOLA STREET**  
**STUART, FL 34994 US**      **STUART, FL 34994 US**

**DO NOT WRITE IN THIS SPACE**



04272006No Chg-LLC      CR2E083 (11/05)

4. FEI Number      Applied For  
**06-3363203**      Not Applicable

5. Certificate of Status Desired       **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**VITALE, STEVEN G**  
**32-C SE OSCEOLA STREET**  
**STUART, FL 34994**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

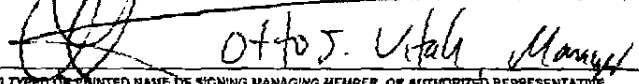
**Filing Fee is \$50.00**  
**Due by May 1, 2006**

g. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VITALE, OTTO J 32-C SE OSCEOLA ST STUART, FL 34994
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U00000548682  
 05/12/06-80075-013 50.00

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**  **4/28/06** 772-781-1999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #