



**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2007**

**FILED**  
**Mar 16, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A00000000679</b> 1. Entity Name <b>PLS INVESTMENTS LIMITED PARTNERSHIP</b>					
Principal Place of Business <b>7888 TRIESTE PLACE DELRAY BEACH FL 33446</b>			Mailing Address <b>7888 TRIESTE PLACE DELRAY BEACH FL 33446</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip      Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip      Country			
4. FEI Number <b>65-1054626</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				1st MOORE      CR2E003 (10/06)	
6. Name and Address of Current Registered Agent  <b>SNYDER, PHILIP 7888 TRIESTE PLACE DELRAY BEACH FL 33446</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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, typewritten or printed name of registered agent and true if applicable</small>					
<b>FILE NOW!!! Fee is \$500. *** After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	P00000040514		STREET ADDRESS		
NAME	PLS INVESTMENTS, INC.		CITY ST ZIP		
STREET ADDRESS	7888 TRIESTE PLACE			<b>U000000670570</b> <b>03/27/07-80111-019 500.00</b>	
CITY ST ZIP	DELRAY BEACH FL 33446				
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CITY ST ZIP					
14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.					
<b>SIGNATURE: Philip SNYDER</b>			<b>3/13/07</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date      Daytime Phone #</small>		

STAPLE CHECK HERE