


**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY SEPTEMBER 3, 2008**

DOCUMENT # A00000000679 1. Entity Name PLS INVESTMENTS LIMITED PARTNERSHIP	
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FILED
Aug 06, 2008 08:00 AM
Secretary of State



Principal Place of Business 7888 TRIESTE PLACE DELRAY BEACH FL 33446	Mailing Address 7888 TRIESTE PLACE DELRAY BEACH FL 33446
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2nd MOORE CR2E003 (4/08)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-1054626	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
SNYDER, PHILIP 7888 TRIESTE PLACE DELRAY BEACH FL 33446	

7. Name and Address of New Registered Agent	
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.		S.607 193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the limited partnership certifies it did not receive prior notice. Fee to file is \$500.00. <input type="checkbox"/>
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and the applicable.</small>		DATE _____

File Now!!! Fee is \$900.00 Due By September 3, 2008

**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 #	P00000040514	STREET ADDRESS	
NAME	PLS INVESTMENTS, INC.	CITY-ST-ZIP	
STREET ADDRESS	7888 TRIESTE PLACE		
CITY-ST-ZIP	DELRAY BEACH FL 33446		
DOCUMENT #		STREET ADDRESS	U000000957135
NAME		CITY-ST-ZIP	08/06/08-80001-001 900.00
STREET ADDRESS			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
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

SIGNATURE: *Philip Snyder* **Philip SNYDER** 8/6/08 954 605 1400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

STAPLE CHECK HERE