


**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**

**2007 MAR -7 AM 10:38**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

<b>DOCUMENT # A00000000976</b>		
1. Entity Name PS NEW ORLEANS BUILDING PARTNERSHIP, LTD.		

Principal Place of Business 4426 N. ORANGE BLOSSOM TRAIL ORLANDO, FL 32804	Mailing Address 4426 N. ORANGE BLOSSOM TRAIL ORLANDO, FL 32804
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address Po Box 98, 425 Mercer St	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Volant PA	
Zip	Country	Zip 16156	Country



01112007 Chg-LP CR2E003 (12/06)

4. FEI Number 59-3652309		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
RIDOLFO, PHILLIP T JR 777 S FLAGLER DR SUITE 300-F WEST PALM BEACH, FL 33401		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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, Fee will be \$900.00**

**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 # NAME STREET ADDRESS CITY-ST-ZIP	A97000002216 PS BUILDINGS, LTD. 4426 N. ORANGE BLOSSOM TRAIL ORLANDO, FL 32804	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
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STAPLE CHECK HERE

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:**  **02-26-07** **784-533-1735**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #