


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

FILED
Apr 19, 2007 08:00 A
Secretary of State

DOCUMENT # A03000000996	
1. Entity Name PSL TOWN CENTER MW GROUP, LTD.	

Principal Place of Business 10055 S. FEDERAL HIGHWAY PORT ST. LUCIE FL 34952	Mailing Address PO BOX 3059 STUART FL 34995
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E003 (10/06)

4. FEI Number 20-0100704	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent PSL TOWN CENTER GP, LLC PO BOX 3059 STUART FL 34995	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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. * After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.**

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	L03000025079 PSL TOWN CENTER GP, LLC PO BOX 3059 STUART FL 34995	STREET ADDRESS	
		CITY- ST- ZIP	
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		CITY- ST- ZIP	

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE