

# **2010 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A03000000996

**FILED**  
**Feb 15, 2010**  
**Secretary of State**

**Entity Name:** PSL TOWN CENTER MW GROUP, LTD.

**Current Principal Place of Business:**

2100 SE OCEAN BOULEVARD  
STUART, FL 34996

**New Principal Place of Business:**

**Current Mailing Address:**

2100 SE OCEAN BOULEVARD  
STUART, FL 34996

**New Mailing Address:**

PO BOX 3059  
STUART, FL 34995

**FEI Number:** 20-0100704

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PSL TOWN CENTER GP, LLC  
2100 SE OCEAN BLVD  
STUART, FL 34996 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #: L03000025079  
Name: PSL TOWN CENTER GP, LLC  
Address: PO BOX 3059  
City-St-Zip: STUART, FL 34995

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: MAX SHAPIRO

\_\_\_\_\_  
Electronic Signature of Signing General Partner

02/15/2010

\_\_\_\_\_  
Date