

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

**FILED**

2007 APR 17 AM 10:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04042007 Chg-LP CR2E003 (12/06)

<b>DOCUMENT # A04000002085</b> 1. Entity Name PSL/VERO LIMITED PARTNERSHIP		
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Principal Place of Business 8135 LAKE WORTH ROAD, STE. B LAKE WORTH, FL 33467	Mailing Address 8135 LAKE WORTH ROAD, STE. B LAKE WORTH, FL 33467
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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	Zip	Country

4. FEI Number 02-0735270	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent COLMAN, NANCY B ESQ 150 EAST PALMETTO PARK ROAD, STE. 750 BOCA RATON, FL 33432	7. Name and Address of New Registered Agent Name: <u>NANCY B. COLMAN - ESQ</u> Street Address (P.O. Box Number is not Acceptable): <u>1015 BROKEN SOUND PARKWAY, NE</u> <u>SUITE 102</u> City: <u>BOCA RATON</u> FL Zip Code: <u>33487</u>
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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 \$500.00**  
**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 #	L05000122983	STREET ADDRESS	
NAME	PSL/VERO, LLC.	CITY-ST-ZIP	
STREET ADDRESS	8135 LAKE WORTH ROAD, STE. B		
CITY-ST-ZIP	LAKE WORTH, FL 33467		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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STREET ADDRESS			
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: \_\_\_\_\_ DATE: 4/11/07 DAYTIME PHONE: 561-357-0121  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE