

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

**FILED**  
**Apr 13, 2007 08:00 A**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # A28948</b><br>1. Entity Name<br>PSK ASSOCIATES LIMITED PARTNERSHIP |  |
|--|---|

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|--|--|
| Principal Place of Business<br>% KENNETH A. GOLDING<br>27001 US HWY 19 N, SUITE 2095<br>CLEARWATER, FL 33761 | Mailing Address<br>% KENNETH A. GOLDING<br>27001 US HWY 19 N, SUITE 2095<br>CLEARWATER, FL 33761 |
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02192007 No Chg-LP CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

|  |                                |
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| 4. FEI Number<br>59-2973413  | Applied For<br>Not Applicable  |
| 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<br><br>GOLDING-SCHER, HARRIET S.<br>503 ERIE AVE.<br>TAMPA, FL 33606 |
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IN THIS SPACE**

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                     |  |
|---|--|
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P96000035379<br>PSK, INC.<br>27001 U.S. HIGHWAY 19 NORTH, SUITE 2095<br>CLEARWATER, FL 33761 |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
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IN THIS SPACE**

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04/24/07-80032-013 508.75

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

727 796-1077

**SIGNATURE:**  **H. Sara Golding Scher**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE