

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Apr 16, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # A28948**

1. Entity Name  
**PSK ASSOCIATES LIMITED PARTNERSHIP**



Principal Place of Business  
**% KENNETH A. GOLDING**  
**27001 US HWY 19 N, SUITE 2095**  
**CLEARWATER, FL 33761**

Mailing Address  
**% KENNETH A. GOLDING**  
**27001 US HWY 19 N, SUITE 2095**  
**CLEARWATER, FL 33761**



02272008 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**59-2973413**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**GOLDING-SCHER, HARRIET S.**  
**503 ERIE AVE.**  
**TAMPA, FL 33606**

**DO NOT WRITE  
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

Signature, typed or printed name of registered agent and title if applicable

DATE

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, Fee will be \$900.00**

U000000901933  
04/29/08-80089-004 508.75

**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 # **P96000035379**  
NAME **PSK, INC.**  
STREET ADDRESS **27001 U.S. HIGHWAY 19 NORTH, SUITE 2095**  
CITY-ST-ZIP **CLEARWATER, FL 33761**

DOCUMENT #  
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IN THIS SPACE**

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:**

*Harriet S. Golding-Scher*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**3/18/08**

Date

**727 796-1077**

Daytime Phone #

STAPLE CHECK HERE