## 2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2008

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## **FILED** Apr 21, 2008 08:00 AN Secretary of State DOCUMENT # A93000000296 1. Entity Name P.S. FRANKLIN, LTD. Principal Place of Business Mailing Address 1720 HARRISON ST 1720 HARRISON ST #7A HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 2. Principal Place of Business No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E003 (10/07) City & State City & State 4. FEI Number Applied For 65-0395148 Not Applicable Ζip Country Country Zιρ \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHIKOUSKY, FRED Street Address (P.O. Box Number is Not Acceptable) 1720 HARRISON ST HOLLYWOOD FL 33020 Zip Code City 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, typed or printed name of registered agent and their applicable CATE FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2008, 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. ADDRESS CHANGES ONLY 12. GENERAL PARTNER INFORMATION DOCUMENT # P92000015030 STREET ADDRESS NAME P.S. DEVELOPMENT, INC. STREET ADDRESS 1720 HARRISON ST #7A U00000913721 CHY-ST-ZIP Offy-ST-7IP HOLLYWOOD FL 33020 85/08/08-80027-017 500.00 DOCUMENT # STREET ACCRESS NAME STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIF DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-ST-ZP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 14. Thereby certify that the information supplied with this filling 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 undergoath; 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