



2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # A93000000567 1. Entity Name P.S. ILTEX, LTD.					
Principal Place of Business 1720 HARRISON STREET, 7TH FLOOR HOLLYWOOD, FL 33020			Mailing Address 1720 HARRISON STREET, 7TH FLOOR HOLLYWOOD, FL 33020		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		02212005 Chg-LP CR2E003 (10/03)	
Zip Country		Zip Country		4. FEI Number 65-0413418	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CHIKOVSKY, FRED 1720 HARRISON ST., 7TH FLOOR HOLLYWOOD, FL 33020			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$990.00			10. Amount of Capital Contributions in FLORIDA to date.		
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 # NAME STREET ADDRESS CITY-ST-ZIP	P93000038604 P.S. I-T, INC. 1720 HARRISON STREET, 7TH FLOOR HOLLYWOOD, FL 33020		STREET ADDRESS CITY-ST-ZIP	 	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	 		STREET ADDRESS CITY-ST-ZIP	0000000314012 04/18/05-80150-002 141.25	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	 		STREET ADDRESS CITY-ST-ZIP	 	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	 		STREET ADDRESS CITY-ST-ZIP	 	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	 		STREET ADDRESS CITY-ST-ZIP	 	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	 		STREET ADDRESS CITY-ST-ZIP	 	
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Carole Diamond</i> <i>Secretary to General Partner</i> P.S. I-T, INC. 4/5/05 954-920-4638 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #</small>					

STAPLE CHECK HERE

Carole Diamond Secretary to General Partner