

**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**


FILED

2007 MAR 19 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1st MOORE CR2E003 (10/06)

DOCUMENT # A93000000567					
1. Entity Name P.S. ILTEX, LTD.					
Principal Place of Business 1720 HARRISON STREET, 7TH FLOOR #7A HOLLYWOOD FL 33020			Mailing Address 1720 HARRISON STREET, 7TH FLOOR #7A HOLLYWOOD FL 33020		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0413418	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHIKOVSKY, FRED 1720 HARRISON ST., 7TH FLOOR #7A 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! Fee is \$500. *** After May 1, 2007, 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.					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P93000038604		STREET ADDRESS		
NAME	P.S. I-T, INC.		CITY ST ZIP		
STREET ADDRESS	1720 HARRISON STREET, 7TH FLOOR #7A				
CITY ST ZIP	HOLLYWOOD FL 33020				
DOCUMENT #			STREET ADDRESS	200095160042	
NAME			CITY ST ZIP	03/28/07--01033--007 **500.00	
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NAME			CITY ST ZIP		
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CITY ST ZIP					

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:

Carole Diamond Secretary of General Partner
P.S. I-T, Inc. 3/6/07
Carole Diamond

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE