

# 2002 UNIFORM BUSINESS REPORT (UBR)

0007855

**DOCUMENT # A97000002216**

1. Entity Name  
**PS BUILDINGS, LTD.**

APPROVED AND FILED

02 APR 15 PM 1:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business      Mailing Address

**2255 CRESCENT DRIVE**      **2255 CRESCENT DRIVE**  
**MT. DORA FL 32757**      **MT. DORA FL 32757**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**DUE BY MAY 1, 2002**

4. FEI Number **75-2728166**      Applied For   
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**RIDOLFO, PHILLIP T JR.**  
**777 SOUTH FLAGLER DRIVE, SUITE 300-E**  
**WEST PALM BEACH FL 33401**

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$200,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **441,780**

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

**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 #	<b>B9700000547</b>
NAME	<b>PLANO PARTNERSHIP, LTD.</b>
STREET ADDRESS	<b>2255 CRESCENT DRIVE</b>
CITY-ST-ZIP	<b>MT. DORA FL 32757</b>

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	<b>700005178587--4</b>
STREET ADDRESS	<b>-04/01/02--01003--018</b>
CITY-ST-ZIP	<b>***2218.71 ****526.25</b>
STREET ADDRESS	
CITY-ST-ZIP	<b>FF \$526.25</b>
STREET ADDRESS	<b>us 8.75</b>
CITY-ST-ZIP	
STREET ADDRESS	<b>700005178587--4</b>
CITY-ST-ZIP	<b>-04/01/02--01003--019</b>
STREET ADDRESS	<b>*****8.75 *****8.75</b>
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E003 (9/01)

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: **JAMES W. LAWRENCE** 2/25/02  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #