

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**


FILED

04 MAY 28 PM 12:55

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # A97000002216**

1. Entity Name  
 PS BUILDINGS, LTD.



Principal Place of Business  
 2255 CRESCENT DRIVE  
 MT. DORA, FL 32757

Mailing Address  
 2255 CRESCENT DRIVE  
 MT. DORA, FL 32757

2. Principal Place of Business  
 4426 North Orange Blossom Trail  
 Suite, Apt. #, etc.

3. Mailing Address  
 4426 North Orange Blossom Trail  
 Suite, Apt. #, etc.



City & State  
 Orlando, FL

City & State  
 Orlando, FL

Zip  
 32804

Country

04212004 Chg-LP CR2E003 (10/03)

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. \$441,780.00

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 #	B97000000547	STREET ADDRESS	4426 North Orange Blossom Trail
NAME	PLANO PARTNERSHIP, LTD.	CITY-ST-ZIP	Orlando, FL 32804
STREET ADDRESS	2255 CRESCENT DRIVE		
CITY-ST-ZIP	MT. DORA, FL 32757		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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: William L Nesbitt 

04-21-04 724-533-5055 X124

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #