


**2005 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2005**

**FILED  
Apr 09, 2005 08:00 AM  
Secretary of State**

|   |         |   |         |
|---|---------|---|---------|
| DOCUMENT # A97000002216   |         |  |         |
| 1. Entity Name<br>PS BUILDINGS, LTD.  |         |   |         |
| Principal Place of Business<br>4426 NORTH ORANGE BLOSSOM TRAIL<br>ORLANDO, FL 32804 |         | Mailing Address<br>4426 NORTH ORANGE BLOSSOM TRAIL<br>ORLANDO, FL 32804           |         |
| 2. Principal Place of Business  |         | 3. Mailing Address  |         |
| Suite, Apt #, etc.  |         | Suite, Apt #, etc.  |         |
| City & State  |         | City & State  |         |
| Zip   | Country | Zip   | Country |
| 4. FEI Number<br>75-2728166   |         | Applied For<br>Not Applicable   |         |
| 5. Certificate of Status Desired <input type="checkbox"/>                           |         | \$8.75 Additional Fee Required  |         |



|   |  |  |  |
|---|--|--|--|
| 5. Name and Address of Current Registered Agent   |  | 7. Name and Address of New Registered Agent        |  |
| RIDOLFO, PHILLIP T JR.<br>777 SOUTH FLAGLER DRIVE, SUITE 300-E<br>WEST PALM BEACH, FL 33401 |  | 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

|   |   |
|---|---|
| 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.**

STAPLE CHECK HERE

| 12. GENERAL PARTNER INFORMATION |                                 | 13. ADDRESS CHANGES ONLY |  |
|---------------------------------|---------------------------------|--------------------------|--|
| DOCUMENT #                      | B97000000547                    | STREET ADDRESS           |  |
| NAME                            | PLANO PARTNERSHIP, LTD.         | CITY - ST - ZIP          |  |
| STREET ADDRESS                  | 4426 NORTH ORANGE BLOSSOM TRAIL |                          |  |
| CITY - ST - ZIP                 | ORLANDO, FL 32804               |                          |  |
| DOCUMENT #                      |                                 | STREET ADDRESS           |  |
| NAME                            |                                 | CITY - ST - ZIP          |  |
| STREET ADDRESS                  |                                 |                          |  |
| CITY - ST - ZIP                 |                                 |                          |  |
| DOCUMENT #                      |                                 | STREET ADDRESS           |  |
| NAME                            |                                 | CITY - ST - ZIP          |  |
| STREET ADDRESS                  |                                 |                          |  |
| CITY - ST - ZIP                 |                                 |                          |  |
| DOCUMENT #                      |                                 | STREET ADDRESS           |  |
| NAME                            |                                 | CITY - ST - ZIP          |  |
| STREET ADDRESS                  |                                 |                          |  |
| CITY - ST - ZIP                 |                                 |                          |  |

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04/09/05-80008-010 526.25

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 Traveek  2/28/05 724-533-5055  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #