


**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**

2007 MAR -7 AM 10: 38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # A97000002216	
1. Entity Name PS BUILDINGS, LTD.	

Principal Place of Business 4426 NORTH ORANGE BLOSSOM TRAIL ORLANDO, FL 32804	Mailing Address 4426 NORTH ORANGE BLOSSOM TRAIL ORLANDO, FL 32804
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address Po Box 98, 425 Mercer St	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Volant, PA	
Zip	Country	Zip 16156	Country



01112007 Chg-LP CR2E003 (12/06)

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

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, Fee will be \$900.00**

**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	STREET ADDRESS
B97000000547 PLANO PARTNERSHIP, LTD. 4426 NORTH ORANGE BLOSSOM TRAIL ORLANDO, FL 32804	CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS
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	CITY-ST-ZIP

**400092352564**  
03/13/07--01023--007 \*\*\$500.00

STAPLE CHECK HERE

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

02-26-07

Date

724-533-1735

Daytime Phone #