


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
---	---

2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Po Box 98, 425 Mercer St Suite, Apt. #, etc.
---	---

City & State Volant, PA	City & State Volant, PA
Zip 16156	Country

	
01112007	Chg-LP
CR2E003 (12/06)	
4. FEI Number 75-2728166	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	7. Name and Address of New Registered Agent
RIDOLFO, PHILLIP T JR. 777 SOUTH FLAGLER DRIVE, SUITE 300-E 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 _____
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 # B97000000547 NAME PLANO PARTNERSHIP, LTD. STREET ADDRESS 4426 NORTH ORANGE BLOSSOM TRAIL CITY-ST-ZIP ORLANDO, FL 32804	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS 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: 	02-26-07	724-533-1735
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Date	Daytime Phone #

STAPLE CHECK HERE