

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 MAR 15 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02062007 Chg-LP CR2E003 (12/06)

4. FEI Number 27-0112316 Applied For ☐
Not Applicable ☒

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

6. Name and Address of Current Registered Agent

COLMAN, NANCY
150 E. PALMETTO PARK ROAD, SUITE 750
BOCA RATON, FL 33467

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City _____ State **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 _____

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

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

DOCUMENT # L05000122983
NAME PSL/VERO, LLC
STREET ADDRESS 8135 LAKE WORTH ROAD, SUITE B
CITY-ST-ZIP LAKE WORTH, FL 33467

DOCUMENT # _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

DOCUMENT # _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

DOCUMENT # _____
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DOCUMENT # _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

DOCUMENT # _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

13. ADDRESS CHANGES ONLY

STREET ADDRESS _____
CITY-ST-ZIP _____

STREET ADDRESS 500094624376
03/23/07--01053--016 **508.75
CITY-ST-ZIP _____

STREET ADDRESS _____
CITY-ST-ZIP _____

STREET ADDRESS _____
CITY-ST-ZIP _____

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/9/07 561-357-0121
Date Daytime Phone #

STAPLE CHECK HERE