


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Feb 14, 2008 08:00 AM
Secretary of State

DOCUMENT # B06000000464 1. Entity Name PSL, LTD. OF TEXAS	
--	---

Principal Place of Business 8135 LAKE WORTH ROAD, SUITE B LAKE WORTH, FL 33467	Mailing Address 8135 LAKE WORTH ROAD, SUITE B LAKE WORTH, FL 33467
--	--

DO NOT WRITE IN THIS SPACE



01042008 No Chg-LP CR2E003 (12/06)

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

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$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
--

DO NOT WRITE IN THIS SPACE

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE _____
--	------------

FILE NOW!!! FEE IS \$500.00 After May 1, 2008, 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 #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000828271
02/25/08-80005-016 508.75

DO NOT WRITE IN THIS SPACE

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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	2/12/08 Date	561-357-0121 Daytime Phone
--	------------------------	--------------------------------------