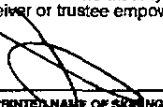


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000007678		
1. Entity Name BECKER/PSL, L.L.C.		
Principal Place of Business 917 CENTRAL PARKWAY STUART, FL 34994		Mailing Address 917 CENTRAL PARKWAY STUART, FL 34994
DO NOT WRITE IN THIS SPACE		
		02172005No Chg-LLC CR2E083 (10/03)
4. FEI Number 65-1103470		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required
5. Name and Address of Current Registered Agent WEST, BRIAN 325 SW MAPP ROAD PALM CITY, FL 39490		DO NOT WRITE IN THIS SPACE
6. 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. (NOTE: Registered Agent signature required when renewing)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2005		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PRINCE, JOEL L 917 CENTRAL PARKWAY STUART, FL 34994	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WEST, BRIAN 3125 SW MAPP ROAD PALM CITY, FL 34990	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.		
SIGNATURE:  2/17/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> Date Daytime Phone #		

Brian G. West, Registered Agent