2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE

Feb 20, 2006 08:00 AM DOCUMENT # L02000010110 **Secretary of State** 1. Entity Name M/S 1910 PSLB, L.C. Mailing Address Principal Place of Business 1025 S.W. MARTIN DOWNS BLVD. PALM CITY FL 34990 1025 S.W. MARTIN DOWNS BLVD. PALM CITY FL 34990 2. Principal Place of Business 3. Mailing Address Suite, Apt. if, etc. Suite, Apt. #, etc. CR2E083 (10/05) 1st MOORE Applied For City & State City & State 4. FEI Number 73-1640763 Not Applicat Zip Country \$5.00 Additional Ζìρ Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SCHACHTER, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 1025 S.W. MARTIN DOWNS BLVD. PALM CITY FL 34990 Zip Code City 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, typico or printed marine of registered agent and title if applicable CATE (NOTE, Registered Agent signature required when remstating) FILE NOW!!! FEE IS \$50.00 *11*00000439735 Make Check Payable to Florida Department of State 03/02/06-80012-009 50.00 Due By May 1, 2006 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. ☐ Change ■ Military ☐ Delete THE THILE NAME NAME SCHACHTER, MICHAEL STREET ADDRESS STREET ADDRESS 1025 SW MARTIN DOWNS BLVD CITY-ST-ZIP CITY-ST-ZIP PALM CITY FL 34990 Change Additio TITLE ☐ Delete TITLE MARAF STREET ADDRESS STREET ADDRESS CATY-ST-ZIP CITY-St-ZIP DHE Change Mydele-☐ Defate TITLE NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-70 CITY-ST-ZIP Chance Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-SI-ZIP ☐ Change Addition TITLE D Detete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Detete 787LE NAME NAME STREET ADORESS STREET ADDRESS CITY-SI-ZIP CITY-ST-20P 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 path; that I am a managing member or manager of the limited liability company or the receiver or trugted employered to execute this report as required by Chapter 608, Florida Statutes.

FILED

16/00