


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Mar 23, 2006 8:00 am
Secretary of State

03-13-2006 90349 024 ****50.00

DOCUMENT # L03000030141					
1. Entity Name PSR LLC					
Principal Place of Business 1330 WEST 29TH STREET MIAMI BEACH FL 33140			Mailing Address 1330 WEST 29TH STREET MIAMI BEACH FL 33140		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-1204200	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SCOLIERI-ROTHBERG, PAUL A <i>no</i> 1330 WEST 29TH STREET MIAMI BEACH, FL 33140			Name <u>SCOLIERI-ROTHBERG-PAUL A</u> Street Address (P.O. Box Number is Not Acceptable) <u>1330 WEST 29TH STREET</u> City <u>MIAMI BEACH</u> FL <u>33140</u>		
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. <i>Paul A Scolieri-Rothberg</i> <u>3/3/06</u> SIGNATURE _____ DATE _____ <small>(Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when replacing))</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCOLIERI-ROTHBERG, PAUL A 1330 WEST 29TH STREET MIAMI BEACH, FL 33140	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 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 *Paul A Scolieri-Rothberg* 3/20/06 305-534-2112



ATTACHMENT

30003205

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 15, 2006

PSR LLC
1330 WEST 29TH STREET
MIAMI BEACH, FL 33140

Subject: PSR LLC

Reference Number: L03000030141

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by a managing member, manager or an authorized representative of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JD
ANNUAL REPORTS SECTION