

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 12, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000019445**

1. Entity Name  
 PS OPERATIONS, LLC



Principal Place of Business

450 CORDOVA  
 DELEON SPRINGS FL 32130

Mailing Address

P.O. BOX 691  
 DELEON SPRINGS FL 32130



01092006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 30-0856441

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional  
 Fee Required

**6. Name and Address of Current Registered Agent**

SCHWARZE, PATRICIA A  
 450 CORDOVA  
 DELEON SPRINGS, FL 32130

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00  
 Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHWARZE, PATRICIA A 450 CORDOVA DELEON SPRINGS, FL 32130
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 01/17/06-80004-016 50.00

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 IN THIS SPACE**

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.

*Patricia A. Schwarze* 1/9/06 386 985-5644