

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000061074

Entity Name: PSTI FLORIDA, LLC

FILED  
Feb 01, 2007  
Secretary of State

## Current Principal Place of Business:

1064 SOARING EAGLE LANE  
KISSIMMEE, FL 34746

## New Principal Place of Business:

4636 WEST IRLO BRONSON MEMORIAL HIGHWAY  
KISSIMMEE, FL 34746

## Current Mailing Address:

1064 SOARING EAGLE LANE  
KISSIMMEE, FL 34746

## New Mailing Address:

4636 WEST IRLO BRONSON MEMORIAL HIGHWAY  
KISSIMMEE, FL 34746

FEI Number: 98-0443865

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COTTON, STEVE T  
1064 SOARING EAGLE LANE  
KISSIMMEE, FL 34746 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: COTTON, STEVE T  
Address: 1064 SOARING EAGLE LANE  
City-St-Zip: KISSIMMEE, FL 34746

Title: MGR (X) Delete  
Name: COTTON, VIVIENNE  
Address: 1064 SOARING EAGLE LANE  
City-St-Zip: KISSIMMEE, FL 34746

## ADDITIONS/CHANGES:

Title: OWNE (X) Change ( ) Addition  
Name: COTTON, STEVE T  
Address: 1064 SOARING EAGLE LANE  
City-St-Zip: KISSIMMEE, FL 34746

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: STEVE COTTON

OWNE

02/01/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date