


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 18, 2005 8:00 am**  
**Secretary of State**

07-18-2005 90110 038 \*\*\*\*50.00

<b>DOCUMENT # L04000066013</b> 1. Entity Name SHAVITZ HOLDINGS PSL, LLC	
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Principal Place of Business 2000 GLADES ROAD SUITE 200 BOCA RATON, FL 33431	Mailing Address 2000 GLADES ROAD SUITE 200 BOCA RATON, FL 33431
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20064463

2. Principal Place of Business 7800 CONGRESS AVE Suite, Apt. #, etc. SUITE 108	3. Mailing Address 7800 CONGRESS AVENUE Suite, Apt. #, etc. SUITE 108
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City & State BOCA RATON, FL	City & State BOCA RATON, FL
Zip 33407	Country USA

07082005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-1596469	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent SHAVITZ, GREGG I ESQ. <del>2000 GLADES ROAD</del> <del>SUITE 200</del> BOCA RATON, FL 33431	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7800 CONGRESS AVENUE SUITE 108 City BOCA RATON, FL Zip Code 33487	
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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 \_\_\_\_\_ DATE 7/8/2005  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by September 7, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHAVITZ, GREGG I 2000 GLADES ROAD, SUITE 200 BOCA RATON, FL 33431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7800 CONGRESS AVENUE BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHAVITZ, ELIZABETH 2000 GLADES ROAD, SUITE 200 BOCA RATON, FL 33431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7800 CONGRESS AVENUE BOCA RATON, FL 33487
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
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
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
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 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: \_\_\_\_\_ DATE 7/8/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE