



**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 14, 2006 08:00 AM
Secretary of State

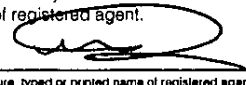
DOCUMENT # L04000066013 1. Entity Name SHAVITZ HOLDINGS PSL, LLC	
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Principal Place of Business 7800 CONGRESS AVENUE SUITE 108 BOCA RATON, FL 33487	Mailing Address 7800 CONGRESS AVENUE SUITE 108 BOCA RATON, FL 33487
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DO NOT WRITE IN THIS SPACE

	
07072006 No Chg-LLC	CR2E083 (11/05)
4. FEI Number 20-1596469	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

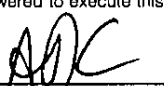
6. Name and Address of Current Registered Agent SHAVITZ, GREGG I ESQ. 7800 CONGRESS AVENUE SUITE 108 BOCA RATON, FL 33487

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 7/7/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>

Filing Fee is \$50.00 Due by September 8, 2006

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHAVITZ, GREGG I 7800 CONGRESS AVENUE BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHAVITZ, ELIZABETH 7800 CONGRESS AVENUE BOCA RATON, FL 33487
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U00000570219 07/14/06-80004-006 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

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:  DATE 7/9/06 561-447-8888 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>
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