


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

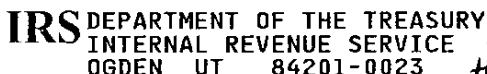
04-16-2007 90342 013 ****50.00

DOCUMENT # L05000035717 1. Entity Name PS LOTS, LLC			
Principal Place of Business 10850 SW 113 PLACE 104 MIAMI, FL 33176		Mailing Address 10850 SW 113 PLACE 104 MIAMI, FL 33176	
2. Principal Place of Business - No P.O. Box # 10850 SW 113 PL		3. Mailing Address 10850 SW 113 PL	
Suite, Apt. #, etc. SUITE 101		Suite, Apt. #, etc. SUITE 101	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33176		Zip 33176	
Country USA		Country USA	
4. FEI Number APPLIED FOR 90-0274061		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MUNOZ, ROSARIO 10850 SW 113 PLACE 104 MIAMI, FL 33176		7. Name and Address of New Registered Agent Name MUNOZ, ROSARIO Street Address (P.O. Box Number is Not Acceptable) 10850 SW 113 PL SUITE 101 City MIAMI FL 33176	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>		DATE 4/12/07	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SANTELIZ, MARY 10850 SW 113 PLACE SUITE 104 MIAMI, FL 33176	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10850 SW 113 PL SUITE 101 MIAMI, FL 33176
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 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: Mary Santeliz <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		DATE 4/12/2007 305 669-1496 <small>Date Daytime Phone #</small>	

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PS LOTS LLC
10850 SW 113 PL STE 104
MIAMI FL 33176

Date of this notice: 06-07-2006

Employer Identification Number:
90-0274061

Form: 7004

Number of this notice: CP 576 A

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

As we were processing your Form 7004 for tax period 122005, we found that your form didn't have a valid Employer Identification Number (EIN). Our records show that no EIN assigned to this business. Since an EIN is required by law, we assigned EIN 90-0274061 to this business. Please keep this notice for your records.

When filing tax documents, please use the label we provided. If this isn't possible, it is very important that you use your EIN and complete name and address exactly as shown above on all federal tax forms, payments and related correspondence. Any variation may cause a delay in processing, result in incorrect information in your account or even cause you to be assigned more than one EIN. If the information isn't correct as shown above, please correct it using tear off stub from this notice and return it to us so we can correct your account.

Every taxpayer must figure taxable income on the basis of an annual accounting period, called a tax year. For trusts, your tax year generally must be a calendar year, unless you are a charitable trust or are exempt from tax under the law. For partnerships, your tax year must conform with either the tax year of the majority partners, the tax year of the principal owners, or a calendar year, in that order, unless you establish a business purpose for using a different tax year. A personal service corporation must use a calendar year as its tax year, unless you establish a business purpose for using a different tax year. For further information, see Publication 538, Accounting Periods and Methods, which is available at most IRS offices or from our Web site at www.irs.gov.

Please complete the Form SS-4, Application for Employer Identification Number, so we can complete our record of your account. Be sure to date the form and send it to us with the tear off stub from this notice. You can get Form SS-4, by calling 1-800-TAX-FORM (1-800-829-3676) or by downloading it from the IRS Web site at www.irs.gov.

If you already have an EIN for this business, please send a copy of the notice you received assigning you that EIN, along with the tear off stub from this notice, so we can update our records.

If you have questions, you can call or write to us at the phone number or address at the top of the first page of this notice. If you write, please tear off the stub at the end of this notice and send it along with your letter. Thank you for your cooperation.