


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 18, 2008 8:00 am**  
**Secretary of State**

02-18-2008 90075 021 \*\*\*138.75

<b>DOCUMENT # L05000050374</b>	
1. Entity Name PS-ORLANDO, LLC	

Principal Place of Business 2898 S OSCEOLA AVENUE ORLANDO, FL 32806	Mailing Address 24555 HALLWOOD COURT FARMINGTON HILLS, MI 48335
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02062008 Chg-LLC CR2E083 (12/06)	
4. FEI Number 20-2803239	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	
FEIN, LINDSAY 200 GLADES ROAD, SUITE 1-A BOCA RATON, FL 33432	

7. Name and Address of New Registered Agent	
Name JACLYN ALFONSO	
Street Address (P.O. Box Number is Not Acceptable) 777 ARTHUR GOODEY RD.	
SUITE 300	
City MIAMI BEACH	FL Zip Code 33140
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 _____ (NOTE: Registered Agent signature required when reinstating)	
DATE _____	
<div>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</div> <div>Make check payable to Florida Department of State</div>	

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PIECUCH, KEVIN 24555 HALLWOOD COURT FARMINGTON HILLS, MI 48335 <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
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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: 	Date 2/13/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	
Daytime Phone #	