

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-05-2006 90023 024 ****50.00

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1. Entity Name
ROBERT PANICO PSL, LLC

Principal Place of Business
 1098 EGRET CIRCLE NORTH
 JUPITER, FL 33458

Mailing Address
 1098 EGRET CIRCLE NORTH
 JUPITER, FL 33458



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03312006

Chg-LLC

CR2E083 (11/05)

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~COSTA, THOMAS I
 6 PORTA VISTA CIRCLE
 PALM BEACH GARDENS, FL 33111~~

Name **ROBERT PANICO**

Street Address (P.O. Box Number is Not Acceptable)

1098 EGRET CIR. N.

City **Jupiter**

FL

Zip Code **33458**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
 Due by May 1, 2006

Make check payable to
 Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR Delete
 NAME PANICO, ROBERT
 STREET ADDRESS 1098 EGRET CIRCLE NORTH
 CITY-ST-ZIP JUPITER, FL 33458

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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TITLE Change Addition
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 STREET ADDRESS
 CITY-ST-ZIP

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

[Handwritten Signature]