


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000079264</b>	
1. Entity Name PSRV, LLC	

Principal Place of Business 7763 SW SR. 200 OCALA, FL 34476 US	Mailing Address 7763 SW SR. 200 OCALA, FL 34476 US
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**DO NOT WRITE IN THIS SPACE**



02092007No Chg-LLC CR2E083 (11/05)

4. FEI Number 59-3819715	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  STERMER, ROBERT A 7763 SW SR 200 OCALA, FL 34476
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_


**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHOAF, PAULA 1748 HASTINGS DRIVE FT. COLLINS, CO 80526
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VERONA, RITA 16206 NW 1ST STREET PEMBROKE PINES, FL 33028
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04/26/07-80026-024 50.00

**DO NOT WRITE  
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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.

<b>SIGNATURE:</b> 	4-10-07	970-225-0321
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date</small>	<small>Daytime Phone #</small>