


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 09, 2007 08:00 A
Secretary of State

DOCUMENT # L05000080297 1. Entity Name PSP OF EAU GALLIE, LLC	
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Principal Place of Business 3903 POSTRIDGE TRAIL MELBOURNE, FL 32934	Mailing Address 3903 POSTRIDGE TRAIL MELBOURNE, FL 32934
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DO NOT WRITE IN THIS SPACE



01042007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 14-1935806	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent BOLOGNA-GARAGOZLO, PATRICIA E 3903 POSTRIDGE TRAIL MELBOURNE, FL 32934

**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

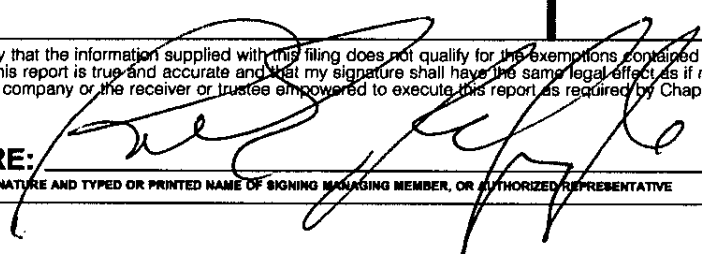
**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BOLOGNA, SALVATORE E 3903 POSTRIDGE TRAIL MELBOURNE, FL 32934
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BOLOGNA, PAUL J 3903 POSTRIDGE TRAIL MELBOURNE, FL 32934
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BOLOGNA-GARAGOZLO, PATRICIA E 3903 POSTRIDGE TRAIL MELBOURNE, FL 32934
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U000000579300
01/10/07-80001-020 50.00

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IN THIS SPACE**

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:  **1/6/07 3241511570**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #