


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jul 18, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L05000092053	
1. Entity Name PLS L.L.C.	

Principal Place of Business 200 ST. ANDREWS BLVD. #2108 WINTER PARK, FL 32792 US	Mailing Address 200 ST. ANDREWS BLVD. #2108 WINTER PARK, FL 32792 US
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**DO NOT WRITE IN THIS SPACE**



07022007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3878734	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

GRADY, JAMIE F  
 200 ST. ANDREWS BLVD.  
 2108  
 WINTER PARK, FL 32792

**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 September 14, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MS. GRADY, JAMIE F 200 ST ANDREWS BLVD #2108 WINTER PARK, FL 32792
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 07/18/07-80003-010 50.00

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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.

SIGNATURE:  7-16-07 407-474-545

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