



**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 07, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000051707 1. Entity Name PS CAPITAL, LLC	
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Principal Place of Business C/O HOME SECURITY MORTGAGE CORP. 725 71 STREET, SUITE 200 MIAMI BEACH, FL 33141	Mailing Address C/O HOME SECURITY MORTGAGE CORP. 725 71 STREET, SUITE 200 MIAMI BEACH, FL 33141
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DO NOT WRITE IN THIS SPACE

	
01032008 No Chg-LLC	CR2E083 (12/07)
4. FEI Number 20-4902438	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 CORPDIRECT AGENTS, INC. 515 EAST PARK AVENUE TALLAHASSEE, FL 32301	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WASERSTEIN, JEANETTE 725 71ST STREET SUITE 200 MIAMI BEACH, FL 33141
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01/07/08-80003-015 150.00

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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 _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	1/3/08 305-867-2274 <small>Date Daytime Phone #</small>
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