

2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

DOCUMENT # L06000056000

1. Entity Name  
PSN PARTNERS ENTERPRISES LLC



FILED  
May 01, 2007 8:00 am  
Secretary of State

05-01-2007 90326 026 \*\*\*\*50.00

Principal Place of Business  
17920 NW 81ST AVENUE  
MIAMI, FL 33015 US

Mailing Address  
17920 NW 81ST AVENUE  
MIAMI, FL 33015 US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

04302007 Chg-LLC CR2E083 (12/06)

4. FEL Number 20-5556697 Applied For  
Not Applicable

5. Certificate of Status Desired  \$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MARINO, BARBARANN  
7771 NW 174TH TERRACE  
MIAMI, FL 33015

Name

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

City

FL Zip Code

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 of Managing Member or Registered Agent or Title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE 4/30/07

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

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE MGR  
NAME MARINO, BARBARANN  
STREET ADDRESS 7771 NW 174TH TERRACE  
CITY-ST-ZIP MIAMI, FL 33015

Delete

TITLE

Change  Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE MGR  
NAME KHAN, DAANISH  
STREET ADDRESS 470 SW 101ST AVE  
CITY-ST-ZIP PLANTATION, FL 33324

Delete

TITLE

Change  Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE

Change  Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE

Change  Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE

Change  Addition

NAME

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:

SIGNATURE AND PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

