


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 14, 2008 08:00 AM
Secretary of State

DOCUMENT # M02000003059	
1. Entity Name PS COMMERCIAL PLAY, LLC	

Principal Place of Business 401 CHESTNUT ST., SUITE 310 CHATTANOOGA, TN 37402 US	Mailing Address 401 CHESTNUT ST., SUITE 310 CHATTANOOGA, TN 37402 US
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DO NOT WRITE IN THIS SPACE



05072008No Chg-LLC	CR2E083 (12/07)
4. FEI Number 20-0173831	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

NRAI SERVICES, INC.
 2731 EXECUTIVE PARK DRIVE STE 4
 WESTON, FL 33331

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

FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008 In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

VOID
 06/04/08-80026-009 150.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FARNSWORTH, ROBERT A 430 CHESTNUT STREET, STE. 300 CHATTANOOGA, TN 37402
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SOHN, ANDREW 383 MADISON AVE., 40TH NEW YORK, NY 10179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RUEGGER, RICK 410 CHESTNUT ST., SUITE 310 CHATTANOOGA, TN 37402
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

100131364021
 06/02/08 90003 040 \$138.75

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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:  _____

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

Date _____ Daytime Phone # _____