

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000049627

FILED
May 09, 2005
Secretary of State

Entity Name: PLATINUM REAL ESTATE VENTURES LLC

Current Principal Place of Business:

C/O NASON, YEAGER, GERSON, WHITE & LIOCE
1645 PALM BEACH LAKES BLVD., STE. 1200
WEST PALM BEACH, FL 33401

New Principal Place of Business:

6534 ROCK CREEK DRIVE
LAKE WORTH, FL 33467

Current Mailing Address:

C/O NASON, YEAGER, GERSON, WHITE & LIOCE
1645 PALM BEACH LAKES BLVD., STE. 1200
WEST PALM BEACH, FL 33401

New Mailing Address:

6534 ROCK CREEK DRIVE
LAKE WORTH, FL 33467

FEI Number: 20-1338241 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ARMOUR, ALAN I II
C/O NASON, YEAGER, GERSON, WHITE & LIOCE
1645 PALM BEACH LAKES BLVD., STE. 1200
WEST PALM BEACH, FL 33401 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: HEINE MANAGEMENT, IN, C.
Address: 6534 ROCK CREEK DRIVE
City-St-Zip: LAKE WORTH, FL 33467

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CHRIS HEINE

MGRM

05/09/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date