FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999

Corporations from any liability of non-compliance

this annual report is true and accurate and that empowered to execute this report as required by

Typed or Printed Name of General Partner Signing Form

SIGNATURE



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # A9600002402

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

99 JAN -5 AM 8: 59

ed is deemed exempt from public access. I further certify that the information indicated on

Daytime Telephone Number

a General Partner of the limited partnership, receiver or trustee

| PLATINUM MARINE, LTD. | | | | | |
|---|--|---|---|---|--|
| Mailing Address | Principal Office Address | | 3. Date Formed or Registered | 5a. Capital Contributions as Shown on record. | |
| % PLATINUM INVESTMENT. INC. 4300 CATALFUMO WAY PALM BEACH GARDENS FL 33410 | % Platinum investment. Inc 4300 Catalfumo Way Palm Beach Gardens FL 33 | | 12/17/1996 3a. Date of Last Report 01/05/1998 | \$10,000.00 5b. Amount of Capital Contributions in ELOPIDA | |
| 2. Mailing Address | 2a. Principal Office Address | | 4. State or Country of Formation | to date: | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | 6. FEI Number | Applied For | |
| City & State | City & State | | 65-6253365 7. Certificate of Status Desired | ☐ Not Applicable | |
| Zip Country | Zip | Country | | \$8.75 Additional Fee Required | |
| | | · · · · · · · · · · · · · · · · · · · | Of Monte Grown payable for Dapit of C | State (Goo reverse side for les michigacin) | |
| 9. Name and Address of Current Registered Agent | | | 10. If changed, new Registered Agent/Office | | |
| PLATINUM INVESTMENT, INC. 4300 CATALFUMO WAY | | Name Street Address (P.O. Box Number Is Not Acceptable) | | | |
| PALM BEACH GARDENS FL 33410 | | Suite, Apt. #, | Suite, Apt. #, etc. | | |
| | | City | • | FL Zip Code | |
| 10a. Pursuant to the provisions of sections 620.1051 for the purpose of changing its registered office agent. I am familiar with, and accept the obligation | or registered agent, or both, in the State of Flo | med limited partner orida. Such change | rship organized or registered under the laws of the was authorized by its general partner(s). I hereby | State of Florida, submits this statement accept the appointment of registered | |
| SIGNATURE (Registered Agent Accepting Appointment) | | | DATE_ | DATE | |
| A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. | | | | | |
| 11. Name(s) of General Partner(s) | 11a. Address of Each Gene | | 11b. City, State & Zip Code | 11c. Registration/ | |
| PLATINUM INVESTMENT, INC. | 4300 CATALFUMO WAY | | PALM BEACH GARDENS FL | M48600 M48600 | |
| | | | | 880 | |
| ¥ | | | 2000021 -01/26/ *****19 | 7550225 /9901055001 58.75 ****158.75 | |

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not gualify for the exemption stated in Section 119,07(3)(k), Florida Statutes. I release the Division of