DOCUMENT # A9600002402 PLATINUM MARINE, LTD.				FILED	
% PLATINUM INVESTMENT. INC. 4300 CATALFUMO WAY PALM BEACH GARDENS FL 33410		% PLATINUM INVESTMENT, INC. 4300 CATALFUMO WAY PALM BEACH GARDENS FL 33410		01 APR 30 AM H: 27 SECRETARY OF STATE	i !15 1
2. Principal Place of Business		3. Mailing Address			}
Suite, Apt	. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State		City & State	<u>-</u>	4. FEI Number Applied F 65-6253365 Not Applie	
Zip	Country	Zip Cou	untry	5. Certificate of Status Desired \$8.75 Additional Fee Required	
	6. Name and Address of Current F	Registered Agent		7. Name and Address of New Registered Agent	\equiv
	'		Name		[
PLATINUM INVESTMENT, INC. 4300 CATALFUMO WAY			Street Address	s (P.O. Box Number is Not Acceptable)	
PALM BEACH GARDENS FL 33410			City	□ Zip Code	
	-		City	FL Zip Code	
9. Capital Co as Shown	Signature, typed or printed name of registered agent at partributions on record. \$10,000.00 A GENERAL PARTNER TI	10. Amount of Capit I Cont in FLORIDA to d ate.	MUST BE REGIS	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATIO STERED AND ACTIVE WITH THIS OFFICE. ent must be filed to change a general partner.	
12.	GENERAL PARTNER			ADDRESS CHANGES ONLY	
DOCUMENT # NAME	M48600 PLATINUM INVESTMENT, INC.	Sī	TREET ADDRESS	40-70.00	
STREET ADDRESS CITY-ST-ZIP	4300 CATALFUMO WAY PALM BEACH GARDENS FL 33410	O CI	TY-ST-ZIP	Ahr-88.75	
DOCUMENT # NAME		sı	REET ADDRESS		
STREET ADDRESS CITY-ST-ZIP		Cí	TY-ST-ZIP	800004220138 -05/16/0101078011	
DOCUMENT # NAME		ST	TREET ADDRESS	****158.75 ****158.7	<u>, , , , , , , , , , , , , , , , , , , </u>
STREET ADDRESS CITY-ST-ZIP		CI	TY-ST-ZIP		H
DOCUMENT # NAME		sī	REET ADDRESS	800004220138 -05/16/0101078012 *******8,75 *******8,7	1
STREET ADDRESS CITY-ST-ZIP		CI	TY-ST-ZIP	***************************************	٥
NAME ADDRESS		ST	REET ADDRESS	· ·	
STREET ADDRESS CITY-6T-ZIP		cr	TY-ST-ZIP	· .	
DOCUMENT # NAME STREET ADDRESS			REET ADDRESS		
CITY-ST-ZIP	portify that the information discussion all all the		TY-ST-ZIP	Section 119.07(3)(i), Florida Statutes. I further certify that the informat	tion
indicated the receiv	on this report is true and accurate and the or trustee empowered to execute this	that my signature shall have the san report as required by Chap er 620	ne legal effect as if , Florida Statutes	f made under oath; that I am a General Partner of the limited partners	hip or

25/01 561-694-3000 Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENER/ L PARTNER