

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000009636

Entity Name: PLATINUM ENTERPRISES, LLC

FILED  
Jul 27, 2006  
Secretary of State

## Current Principal Place of Business:

564 SW HAMLET CIRCLE  
LAKE CITY, FL 32024

## New Principal Place of Business:

426 SW COMMERCE DRIVE  
SUITE 130  
LAKE CITY, FL 32025

## Current Mailing Address:

P.O. BOX 2218  
LAKE CITY, FL 32056

## New Mailing Address:

FEI Number: 32-0013785      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:

CADY, JARED M MGR  
564 SW HAMLET CIRCLE  
LAKE CITY, FL 32024 US

## Name and Address of New Registered Agent:

CADY, JARED M MGR  
426 SW COMMERCE DRIVE  
SUITE130  
LAKE CITY, FL 32025 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: JARED M CADY

07/27/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: CADY, JARED M MGR  
Address: 564 SW HAMLET CIRCLE  
City-St-Zip: LAKE CITY, FL 32024

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: CADY, JARED M MGR  
Address: 426 SW COMMERCE DRIVE, SUITE 130  
City-St-Zip: LAKE CITY, FL 32025

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: JARED M CADY

MGR

07/27/2006

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