
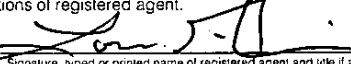



# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 01, 2005 8:00 am**  
**Secretary of State**

08-01-2005 90092 029 \*\*\*\*50.00

<b>DOCUMENT # L02000011152</b> 1. Entity Name PRIVATE PLACEMENT, LLC					
Principal Place of Business 711 FIFTH AVE. SOUTH SUITE 212 NAPLES, FL 34102			Mailing Address 711 FIFTH AVE. SOUTH SUITE 212 NAPLES, FL 34102		
2. Principal Place of Business 1353 SUNBURT DR Suite, Apt. #, etc.		3. Mailing Address P.O. Box 10143 Suite, Apt. #, etc.			
City & State FORT MYERS FL		City & State NAPLES FL		4. FEI Number 27-0009933	
Zip 33901		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  GIRARDIN, LOUIS 711 FIFTH AVE. SOUTH SUITE 212 NAPLES, FL 34102		7. Name and Address of New Registered Agent Name GIRARDIN LOUIS Street Address (P.O. Box Number is Not Acceptable) 1353 SUNBURT DR City FORT MYERS FL Zip Code 33901			
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  LOUIS GIRARDIN DATE 7/25/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GIRARDIN, LOUIS 711 FIFTH AVE. SOUTH NAPLES, FL 34102	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GIRARDIN, LOUIS 1353 SUNBURT DR FORT MYERS FL 33901	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. I hereby certify that the information supplied with this filing does not qualify 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 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: 		7/25/05		238-451-0711	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>		<small>Daytime Phone #</small>	