

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000037542

FILED  
Aug 16, 2004  
Secretary of State

Entity Name: PLATINUM SHORES FINANCIAL LLC

**Current Principal Place of Business:**

1014 LAKE AVE  
LAKE WORTH, FL 33460 US

**New Principal Place of Business:**

**Current Mailing Address:**

1014 LAKE AVE  
LAKE WORTH, FL 33460 US

**New Mailing Address:**

FEI Number: 75-3131797

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HINKEL, JACK A  
2790 MOORING CT  
#202  
LANTANA, FL 33462 US

**Name and Address of New Registered Agent:**

HINKEL, JACK A  
1832 17TH AVE NORTH  
LAKE WORTH, FL 33460 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:

08/16/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: HINKEL, JACK A  
Address: 1014 LAKE AVE  
City-St-Zip: LAKE WORTH, FL 33460 US

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

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: HINKEL, JACK A PRES.  
Address: 1832 17TH AVE NORTH  
City-St-Zip: LAKE WORTH, FL 33460 US

Title: MGRM ( ) Change (X) Addition  
Name: POGHEN, JAMES J C.E.O.  
Address: 2790 MOORING COURT APT.202  
City-St-Zip: LANTANA, FL 33462 US

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: JACK AJ HINKEL

MGRM

08/16/2004

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