07/02/2004 17:02 FAX 305 374 2212 ARNSTEIN&LEHR

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Jul 07, 2004 8:00 am
Secretary of State
07-07-2004 90018 015 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000055602

1. Entity Name
PLATINUM TOY STORE, LLC

14024862

Principal Place of Business
12332 53RD ROAD N.
ROYAL PALM BEACH, FL 33411

Mailing Address
12332 53RD ROAD N.
ROYAL PALM BEACH, FL 33411

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

07022004 Chg-LLC CR2E063 (10/03)

4. FEI Number [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

IVANS, RICHARD B
C/O ARNSTEIN & LEHR LLP
201 S. BISCAYNE BOULEVARD STE. 400
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 8, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FENNER, DAVID 12332 53RD ROAD N. ROYAL PALM BEACH, FL 33411	[X] Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ANDREWS, DAVID 209 N. Atlantic Blvd., #12-B Ft. Lauderdale, FL 33304	[ ] Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		[ ] Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		[ ] Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		[ ] Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		[ ] Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		[ ] Change	[ ] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		[ ] Change	[ ] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		[ ] Change	[ ] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		[ ] Change	[ ] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		[ ] Change	[ ] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		[ ] Change	[ ] 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: [signature] DAVID S. ANDREWS 7/2/04 847-919-5275
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #