


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 08, 2007 8:00 am**  
**Secretary of State**

03-08-2007 90188 030 \*\*\*\*50.00

<b>DOCUMENT # L04000036389</b>	
1. Entity Name <b>PLT ENTERPRISES LLC</b>	

Principal Place of Business <b>21346 ST ANDREWS BLVD. SUITE 192 BOCA RATON, FL 33433</b>	Mailing Address <b>21346 ST ANDREWS BLVD. SUITE 192 BOCA RATON, FL 33433</b>
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**60021702**



2. Principal Place of Business - No P.O. Box # <b>2269 S. University Dr.</b>	3. Mailing Address <b>2269 S. University Dr.</b>
Suite, Apt. #, etc. <b># 318</b>	Suite, Apt. #, etc. <b># 318</b>
City & State <b>Davie FL</b>	City & State <b>Davie FL</b>
Zip <b>33324</b>	Country <b>USA</b>

01062007 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>56-2459496</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent <b>GILLIS, TEDDIE 21346 ST ANDREWS BLVD. SUITE 192 BOCA RATON, FL 33433</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>2269 S. University Dr</b> Suite # <b>318</b> City <b>Davie</b> <b>FL</b> Zip Code <b>33324</b>
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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 *T. Gillis* (NOTE: Registered Agent signature required when reinstating) DATE *3/6/07*

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GILLIS, JOHN J 21346 ST ANDREWS BLVD. SUITE 192 BOCA RATON, FL 33433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2269 S. University Dr #318</b> <b>Davie FL 33324</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 exemptions contained in Chapter 119, 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: *T. Gillis* *T. Gillis* *3/6/07* *954-424-0126*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #