

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

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

**DOCUMENT # L04000036389**

1. Entity Name  
**PLT ENTERPRISES LLC**



Principal Place of Business  
**21346 ST ANDREWS BLVD. SUITE 192  
 BOCA RATON, FL 33433**

Mailing Address  
**21346 ST ANDREWS BLVD. SUITE 192  
 BOCA RATON, FL 33433**

**60021702**



2. Principal Place of Business - No P.O. Box #  
**2269 S. University Dr. # 318**

3. Mailing Address  
**2269 S. University Dr. # 318**

01062007 Chg-LLC CR2E083 (12/06)

City & State  
**Davie FL**

City & State  
**Davie FL**

4. FEI Number  
**56-2459496**

Applied For  
 Not Applicable

Zip  
**33324**

Country  
**USA**

Zip  
**33324**

Country  
**USA**

5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GILLIS, TEDDIE  
 21346 ST ANDREWS BLVD.  
 SUITE 192  
 BOCA RATON, FL 33433**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**2269 S University Dr**  
**Suite # 318**  
 City **Davie** **FL** Zip Code **33324**

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 re-registering) 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	
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 type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2269 S. University Dr # 318 Davie FL 33324
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 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 #