
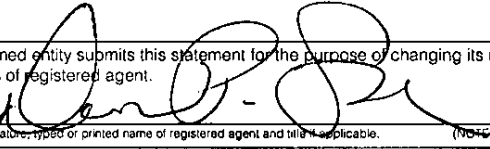
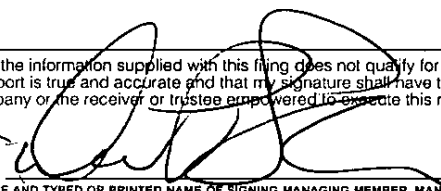


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 28, 2006 8:00 am
Secretary of State

06-28-2006 90096 003 ****55.00

DOCUMENT # L05000008262 1. Entity Name PLATINUM REALTY ENTERPRISES LLC		
Principal Place of Business 241 ATLANTIC BLVD STE 5A NEPTUNE BEACH, FL 32266 US		Mailing Address 526 OCEAN FRONT NEPTUNE BEACH, FL 32266 US
2. Principal Place of Business 1825 third st. Suite, Apt. #, etc.	3. Mailing Address 526 Oceanfront Neptune Bch FI Suite, Apt. #, etc.	
City & State Jacksonville Bch. FI Zip 32250	City & State Neptune Bch FI Zip 32266	4. FEI Number 20-222-1198 Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		06122006 Chg-LLC CR2E083 (11/05)
6. Name and Address of Current Registered Agent SHAW, DONNA P 241 ATLANTIC BLVD STE 5A NEPTUNE BEACH, FL 32266		7. Name and Address of New Registered Agent Name <input checked="" type="checkbox"/> Donna P. Shaw Street Address (P.O. Box Number is Not Acceptable) 526 Oceanfront City Neptune Bch FL Zip Code 32266
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  <small>Signature, typed or printed name of registered agent and title, applicable. (None - Registered Agent signature required when reinstating) DATE</small>		
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES
TITLE: MGR <input type="checkbox"/> Delete NAME: SHAW, DONNA P STREET ADDRESS: 526 OCEAN FRONT CITY-ST-ZIP: NEPTUNE BEACH, FL 32266	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date: 6-17-06 <small>Daytime Phone #</small>

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