


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 11, 2007 8:00 am
Secretary of State

07-11-2007 90013 038 *****55.00

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1. Entity Name
PLATINUM REALTY ENTERPRISES LLC



Principal Place of Business
**1825 THIRD STREET
 JACKSONVILLE BEACH, FL 32250 US**

Mailing Address
**526 OCEAN FRONT
 NEPTUNE BEACH, FL 32266 US**

2. Principal Place of Business - No P.O. Box #
10033 Sawgrass DR W

3. Mailing Address
SAME

Suite, Apt. #, etc.
120

City & State
Ponte Vedra Bch FL

City & State

Zip
32082

Country
St. Johns



06152007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent

**SHAW, DONNA P
 526 OCEAN FRONT
 NEPTUNE BEACH, FL 32266**

4. FEI Number
20-2221198

Applied For
 Not Applicable

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

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 **Shaw, Donna P.** *Donna P. Shaw* **6.15.07**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

Filing Fee is \$50.00 Due by September 14, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHAW, DONNA P 526 OCEAN FRONT NEPTUNE BEACH, FL 32266 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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: *Donna P. Shaw* **Managing Director** **6.15.07** **334-5125**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #