FILED Jul 25, 2006 8:00 am Secretary of State 05-04-2006 90017 008 ****50.00

5/4/2 5,

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000035684 1. Entity Name PLATINUM POOLS, LLC								
Principal Place o 215 CELEBRATI CELEBRATION,	ION PLACE, SUITE 500	Mailing Address 215 CELEBRATION PLA CELEBRATION, FL. 347		TE 500				
2. Principal Plac //o.3 Suite, Apt. #,	e of Business C U S Hwy 27 etc.	1. Mailing Address PO BOX Suita, Apl. #, arc.	/3	5365	04272008	Chg-LLC	CR25083 (11/05)
Ciry & State C/eR	mant FC	CIVESMO LICEMONT		-L	4. FEI Nume 2 o	-2787	2446	Applied For Nor Applicable
347/		34713	Cour	1154		of Status Desired	Foe	00 Additional Required
	8. Name and Address of Current F	agented Agent		Name	7. Herne an	d Address of New R	ed telesco video	-
A.G.C. CO. 200 S. ORAI ORLANDO, I	NGE AVENUE, SUITE 2300 FL 32801			Street Address	e (P.O. Box Numb	ser la Not Acceptable)	
				City	· <u></u>	· <u></u>	FL	ip Code
	med entry submits this suffernent for is of registered agent.					orn, in the State of Flo		er with, and accept
	ng Fee is \$50.00 by May 1, 2006	od selle of applicaments. (MCDT)	E Pagaina	d Aggree ingrations respo	and when demonstrated		e check payati Department (
1.	MANAGING MEMBER	IS/MANAGERS	10.			ADDITIONS/	CHANGES	
ITILE WASE STREET ALEMESS CITY-57-3F		□ Desira		· 7	homas 235 M		arty "	Charge (50) Addition
ITILE VANG STREET ACCURESS CATY-SI-ZIP		☐ Deáma		E ET ADDRESS U	onn La 711 LA Inder	ke Robo Mere 1 F	Ats Ct	786
UTLE WANE STREET ADDRESS STY-ST-EP		C) Oaks		ET ADDRESS	Ave N 506 El	fstone (3 2 70	60 FAMILION 1
TILE SAME STREET ADDRESS STY-ST-ZP		C) trains				erry Fl Weike LF stone		
HITLE HAME STREET ADDRESS SITY-SI-ZIP		C) Outes		E C	BOYB	Welker Sunwoo nt, FL	JR D	THE CAP
HTLE HAME STALES ACCRESS CITY-ST-JP		☐ Ocieta						Pange Addition
indicated or	rely that the information supplied with in this report is true and accurate and it ity company or the receiver or trustee	oved fische orangemeit van tert	the same	n legal effect as il	made under oat	n; that I am à manag Statutes.	ing memberori	the information nehager of the
SIGNATU	JRE: Dand	Weeken	<i>7</i>	AUDICIDED TOTAL	TOTAL VINE	4-20-0	G Description	

June 5, 2006

PLATINUM POOLS, LLC PO BOX 135365 CLERMONT, FL 34713

Subject: PLATINUM POOLS, LLC

Reference Number:

L05000035684

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report has not been filed and a copy is being returned for the following correction(s):

CK# 7961 Copy of cK dated 4-28-06 a Hacke cl

Provide the title(s) of each manager, managing member or principal listed on the report or on an attachment. copy attacked

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE ANNUAL REPORTS SECTION

Platinum	n Properties PRIMAR 3 US Hwy 27	of Central	Florida, Inc	ACHMEN	Bank o	f America 1083100.	630 FL 12	138	796	1 .
PAY	Clermont, I	FL 34713-5	365 TO t of State	00 719 30000 Division o	32 Corp	orations	DATE	<i>04/2</i>	**50:00	
TOTHE	Florida De P.O. Box 1	partment (of State -Div		****	*****	****	***	DOLLAR	us 🐴
ORDER OF Merho <u>20</u>	l allahasse	e, FL 3230 Corp Annu	2 al Report- PP			Sand	Ne	ber	7 2 2 2	
<u> </u>	Ma alwa.	THE REVE	SESIDE OF THIS DOCUME	IT INCLUDES AN ARTIE	CIAL WATERMARK	- HOLD AT ANGLE TO	JEV J	W. Sa		i da
PRIMAR	RY ACCOU	NT							796	31

Filing Fee is \$50.00 Due by May 1, 2006						Make check payable to Florida Department of State			
9.	MANAGING ME	MBERS/MANAGERS	10.		ADDITIO	ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition		
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11. I hereby certify that the information supplied with this filling 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.

4-20-06

Ozytme Phone #

SIGNATURE: Walker IT.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE