

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 09, 2006 8:00 am**  
**Secretary of State**

01-09-2006 90048 027 \*\*\*\*50.00

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<b>DOCUMENT # L05000047322</b> 1. Entity Name <b>PLATINUM INVESTMENTS OF FLORIDA, LLC</b>					
Principal Place of Business <b>7640 NORTH WICKHAM ROAD STE 101B MELBOURNE, FL 32940</b>			Mailing Address <b>7640 NORTH WICKHAM ROAD STE 101B MELBOURNE, FL 32940</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>Post Office Box 410999</b>  Suite, Apt. #, etc.			
City & State		City & State <b>Melbourne, FL</b>		4. FEI Number <b>20-2896051</b>	
Zip <b>32941</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>KANCILIA, JOHN R ESQ 1800 W HIBISCUS BLVD STE 138 MELBOURNE, FL 32901</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM HALEY, MYRA 7640 NORTH WICKHAM ROAD STE 101B MELBOURNE, FL 32940</b> <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.					
<b>SIGNATURE:</b> <i>Myra Haley</i>			January 6, 2006 321 242-6210		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		