

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90017 007 ****50.00

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04282006 Chg-LLC CR2E083 (11/05)

DOCUMENT # L05000118459 1. Entity Name PLATINUM PLAZA, LLC					
Principal Place of Business 1506 ELFSTONE COURT CASSELBERRY, FL 32707			Mailing Address 1506 ELFSTONE COURT CASSELBERRY, FL 32707		
2. Principal Place of Business 1403 US Hwy 27 Suite, Apt. #, etc.		3. Mailing Address PO Box 135365 Suite, Apt. #, etc.			
City & State Clermont FL		City & State Clermont, FL		4. FEI Number 20-3947303	
Zip 34714		Country USA		Zip 34713	
Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent POHL & SHORT, P.A. 280 W. CANTON AVENUE SUITE 410 WINTER PARK, FL 32789			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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WEIKER, DAVID N SR. 1506 ELFSTONE COURT CASSELBERRY, FL 32707 <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: <u>David Weiker II</u>			Date <u>4-28-06</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					