

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Feb 25, 2005 08:00 AM
Secretary of State

DOCUMENT # L99000005487

1. Entity Name

PLATT INVESTMENT MANAGEMENT, L.L.C.



Principal Place of Business

2090 MEADOWLANE AVENUE
WEST MELBOURNE FL 32904

Mailing Address

2090 MEADOWLANE AVENUE
WEST MELBOURNE FL 32904

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3615901

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOYD, JOEL E
7380 MURRELL ROAD, SUITE 100
MELBOURNE FL 32940

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME MORTON, PETER J
STREET ADDRESS 2090 MEADOWLANE AVENUE
CITY - ST - ZIP WEST MELBOURNE FL 32904

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME U000000243945
STREET ADDRESS 02/25/05-80062-015 55.00
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
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CITY - ST - ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Peter J. Morton*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/25/05

Date

321-224-9149

Daytime Phone #