

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000001543

**FILED**  
**Apr 03, 2006**  
**Secretary of State**

**Entity Name:** PRIVATE ESCAPES PLATINUM SUNNY ISLES, LLC

**Current Principal Place of Business:**

314 E. MOUNTAIN AVE. SUITE 101  
FT. COLLINS, CO 80524

**New Principal Place of Business:**

314 E. MOUNTAIN AVENUE  
SUITE 101  
FT. COLLINS, CO 80524

**Current Mailing Address:**

314 E. MOUNTAIN AVE. SUITE 101  
FT. COLLINS, CO 80524

**New Mailing Address:**

314 E. MOUNTAIN AVENUE  
SUITE 101  
FT. COLLINS, CO 80524

FEI Number: 20-2373004

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: PRIVATE ESCAPES PLAT, INUM, LLC  
Address: 314 E. MOUNTAIN AVE. SUITE 101  
City-St-Zip: FT. COLLINS, CO 80524

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: PRIVATE ESCAPES, LLC,  
Address: 314 E. MOUNTAIN AVE., SUITE 101  
City-St-Zip: FT. COLLINS, CO 80524

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RICHARD V. KEITH, JR., MG MEMBER OF MGR.

MMEM

04/03/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date