2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 20, 2005
Secretary of State

DOCUMENT# L04000023249

Entity Name: PLATINUM CAPITAL, LLC

Current Principal Place of Business:

36181 EAST LAKE ROAD, STE. 385
PALM HARBOR, FL 34685

New Principal Place of Business:

Current Mailing Address:

36181 EAST LAKE ROAD, STE. 385
PALM HARBOR, FL 34685

New Mailing Address:

FEI Number: 16-1696821 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 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: MGRM ( ) Delete
Name: EICHHOF, ARNOLD
Address: 9097 127TH STREET NORTH
City-St-Zip: SEMINOLE, FL 33776

Title: MGRM ( ) Delete
Name: PROVENCE, TERRY
Address: 4265 ENFIELD COURT
City-St-Zip: PALM HARBOR, FL 34685

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: PROVENCE, TERRY
Address: 3905 UPOLO LANE
City-St-Zip: NAPLES, FL 34119

I hereby certify that the information supplied with this filing does not qualify for the 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 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: TERRY E. PROVENCE MGRM 08/20/2005

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