2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2005
Secretary of State

DOCUMENT# L04000044451

Entity Name: PLATINUM PENSION CONSULTANTS, LLC

Current Principal Place of Business:

3005 CARING WAY
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

Current Mailing Address:

3005 CARING WAY
PORT CHARLOTTE, FL 33952

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CROSLAND, BRIAN W
3005 CARING WAY
PORT CHARLOTTE, FL 33952 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/MEMBERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition
Name: CROSLAND, BRIAN W
Address: 3005 CARING WAY, SUITE A
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: MGRM ( ) Change (X) Addition
Name: JOINER, J. SCOTT
Address: 3005 CARING WAY, SUITE A
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: MGRM ( ) Change (X) Addition
Name: LORICCO, CARLO J
Address: 3005 CARING WAY, SUITE A
City-St-Zip: PORT CHARLOTTE, FL 33952

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: BRIAN W. CROSLAND MGRM 04/22/2005

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