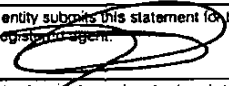
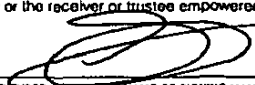


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

PS-29-2008 90013 028 ***138.25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 JUN 10 AM 10:16

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DOCUMENT # L06000098328			
1. Entity Name PLATINUM CONSTRUCTION GROUP LLC			
Principal Place of Business 123 N KENTUCKY AVE STE 210 LAKELAND, FL 33801		Mailing Address 123 N KENTUCKY AVE STE 210 LAKELAND, FL 33801	
2. Principal Place of Business - No P.O. Box # 1536 COMMERCIAL PARK DR Suite, Apt. #, etc. #6		3. Mailing Address 1536 COMMERCIAL PARK DR Suite, Apt. #, etc. #6	
City & State LAKELAND FL		City & State LAKELAND FL	
Zip 33801		Zip 33801	
Country		Country	
4. FEI Number 20-5677139		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PAGAN, ANTONIO E 123 N KENTUCKY AVE STE 210 LAKELAND, FL 33801		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1536 COMMERCIAL PARK DR, Suite #6 City LAKELAND FL Zip Code 33801	
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  DATE 5-1-08 Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reappointing)			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PAGAN, ANTONIO E 123 N KENTUCKY AVE STE 210 LAKELAND, FL 33801 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	1536 COMMERCIAL PARK DR, Suite #6 LAKELAND, FL 33801 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			