

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

03-20-2007 90145 016 \*\*\*\*50.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                          |                                 |                                                                            |                                                                                                                                      |                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|---------------------------------|----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # L06000107601</b><br>1. Entity Name<br><b>PLATINUM INTERNATIONAL PETROLEUM,LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                          |                                 |                                                                            |                                                                                                                                      |                                                                   |
| Principal Place of Business<br><b>75 N CONGRESS AVE.<br/>DELRAY BEACH, FL 33445 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                          |                                 | Mailing Address<br><b>75 N CONGRESS AVE.<br/>DELRAY BEACH, FL 33445 US</b> |                                                                                                                                      |                                                                   |
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                          |                                 | 3. Mailing Address<br>Suite, Apt. #, etc.                                  |                                                                                                                                      |                                                                   |
| City & State<br>Zip      Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                          |                                 | City & State<br>Zip      Country                                           |                                                                                                                                      |                                                                   |
| 4. FEI Number<br><b>20-5838548</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                          |                                 | Applied For<br><input type="checkbox"/> Not Applicable                     |                                                                                                                                      |                                                                   |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                          |                                 | 02052007    Chg-LLC    CR2E083 (12/06)                                     |                                                                                                                                      |                                                                   |
| 6. Name and Address of Current Registered Agent<br><br><b>RUSTOM, AMER<br/>75 N CONGRESS AVE.<br/>DELRAY BEACH, FL 33445</b>                                                                                                                                                                                                                                                                                                                                                                             |                                                                          |                                 |                                                                            | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                          |                                 |                                                                            |                                                                                                                                      |                                                                   |
| Filing Fee is \$50.00<br>Due by May 1, 2007                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                          |                                 | Make check payable to<br>Florida Department of State                       |                                                                                                                                      |                                                                   |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                          |                                 | 10. ADDITIONS/CHANGES                                                      |                                                                                                                                      |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MGR<br>RUSTOM, AMER<br>75 N CONGRESS AVE.<br>DELRAY BEACH, FL 33445      | <input type="checkbox"/> Delete |                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MGRM<br>RUSTOM, AZZAM<br>75 N CONGRESS AVE.<br>DELRAY BEACH, FL 33445    | <input type="checkbox"/> Delete |                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MGRM<br>SHANNON, SARAH I<br>75 N CONGRESS AVE.<br>DELRAY BEACH, FL 33445 | <input type="checkbox"/> Delete |                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MGRM<br>COLE, FRANK<br>75 N CONGRESS AVE.<br>DELRAY BEACH, FL 33445      | <input type="checkbox"/> Delete |                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MGRM<br>DONOFRIO, ROBERT<br>75 N CONGRESS AVE.<br>DELRAY BEACH, FL 33445 | <input type="checkbox"/> Delete |                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                          | <input type="checkbox"/> Delete |                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> 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. |                                                                          |                                 |                                                                            |                                                                                                                                      |                                                                   |
| <b>SIGNATURE:</b> <b>AMER RUSTOM</b> 02/04/07      (561) 276-0114<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #</small>                                                                                                                                                                                                                                                                                 |                                                                          |                                 |                                                                            |                                                                                                                                      |                                                                   |