2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 06, 2008
Secretary of State

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Entity Name: PLATINUM GREEN, LLC

Current Principal Place of Business:

320 SYLVAN DR.
ORMOND BEACH, FL 32174 US

New Principal Place of Business:

321 SYLVAN DR.
ORMOND BEACH, FL 32174 US

Current Mailing Address:

320 SYLVAN DR.
ORMOND BEACH, FL 32174 US

New Mailing Address:

321 SYLVAN DR.
ORMOND BEACH, FL 32174 US

FEI Number: 26-0256785 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PEACOCK, JASON
320 SYLVAN DR.
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

PEACOCK, JASON
321 SYLVAN DR.
ORMOND BEACH, FL 32174 US

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: 01/06/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: PEACOCK, JASON
Address: 320 SYLVAN DR.
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: MGRM ( ) Delete
Name: KELLIS, LEIGH
Address: 320 SYLVAN DR.
City-St-Zip: ORMOND BEACH, FL 32174 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: PEACOCK, JASON
Address: 321 SYLVAN DR.
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: MGRM (X) Change ( ) Addition
Name: KELLIS, LEIGH
Address: 321 SYLVAN DR.
City-St-Zip: ORMOND BEACH, FL 32174 US

I hereby certify that the information supplied with this filing does not qualify 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: JASON PEACOCK MR. 01/06/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date