

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000079409

FILED
Jan 31, 2012
Secretary of State

Entity Name: PLATINUM BUSINESS CENTER, LLC

Current Principal Place of Business:

1600 PONCE DE LEON BLVD.
SUITE 1000
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

1600 PONCE DE LEON BLVD.,
SUITE 1000
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 26-0845308

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VIDAL, FERNANDO
701 SW 27 AVENUE, SUITE #606
MIAMI, FL 33135 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: MGR
Name: JAPRO, L.L.C.
Address: 1600 PONCE DE LEON BLVD., SUITE 1002
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR
Name: ASESORIA ORAL, CORP
Address: 1600 PONCE DE LEON BLVD., SUITE 1000
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR
Name: DURING GROUP, CO
Address: 1600 PONCE DE LEON BLVD., SUITE 1000
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR
Name: CALTEC OVERSEAS INC
Address: 1600 PONCE DE LEON BLVD., SUITE 1000
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR
Name: PONCE 348, LLC
Address: 1600 PONCE DE LEON BLVD., SUITE 1009
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR
Name: ALLWAYS TRUST INVESTMENTS LLC
Address: 1600 PONCE DE LEON BLVD., SUITE 1000
City-St-Zip: CORAL GABLES, FL 33134

I hereby 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: JAPRO, L.L.C.

MGR

01/31/2012

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