.2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L09000018805

1. Entity Name
PLATINUM PROPERTY INVESTMENT SOLUTIONS LLC

FILED
10 SEP 21 AM 11:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09212010 Chg-LLC CR2E083 (11/08)

Principal Place of Business	Mailing Address
3666 PEDDIE DRIVE TALLAHASSEE, FL 32303	2401 JACKSON BLUFF ROAD #3 TALLAHASSEE, FL 32304

2. Principal Place of Business - No P.O Box # 2401 Jackson Bluff Rd.	3. Mailing Address P.O. Box 20455
Suite, Apt. #, etc. 3	Suite, Apt #, etc.
City & State Tallahassee, FL	City & State Tallahassee, FL
Zip 32304 Country U.S.A.	Zip 32316 Country U.S.A.

4. FEI Number — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KERIVEL, BLAKE E
2410 JACKSON BLUFF ROAD #3
TALLAHASSEE, FL 32304

7. Name and Address of New Registered Agent

Name Matthew Ryan Harper
Street Address (P.O. Box Number is Not Acceptable) 2401 Jackson Bluff Rd. #3
City Tallahassee FL Zip Code 32304

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 Matthew Harper [signature] 9/21/10
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $538.75
Due by September 24, 2010

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KERIVEL, BLAKE 2401 JACKSON BLUFF ROAD #3 TALLAHASSEE, FL 32304	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Harper, Matthew 2401 Jackson Bluff Rd. #3 Tallahassee, FL 32304	☑ 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	600185704516 09/21/10--01025--006 **538.75	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[initials] 9-21-10	☐ 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

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: Matthew Harper [signature] 9/21/10 850-508-0323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #