CR2E003 (9/01)

APPROVE 2002 UNIFORM BUSINESS REPORT (UBR) A0000001736 **DOCUMENT #** 1. Entity Name 02 APR 15 AM 11: 23 PINNACLE CLUB, LTD. SECRETARY OF STATE TABLAHASSEE, FLORIDA Mailing Address Principal Place of Business 9400 SOUTH DADELAND BLVD., SUITE 100 9400 SOUTH DADELAND BLVD.. SUITE 100 MIAMI FL 33156 **MIAMI FL 33156** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DUE BY MAY 1, 2002 Applied For City & State 4. FEI Number City & State 65-1062456 Not Applicable Country **\$8.75** Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GREEN, PATRICIA K Street Address (P.O. Box Number is Not Acceptable) 2200 MUSEUM TOWER 150 WEST FLAGLER STREET MIAM! FL 33130 Zip Code City 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 10. Amount of Capital Contributions 9. Capital Contributions \$99.99 SEE REVERSE SIDE FOR FEE INFORMATION in FLORIDA to date. as Shown on record. A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 12. L01000017799 DOCUMENT # STREET ADDRESS PHG - CLUB, LLC NAME 9400 SOUTH DADELAND BLVD., SUITE 100 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33156 CITY-ST-ZIP 400005293684-DOCUMENT # STREET ADDRESS -04/18/02--01068--018 NAME ****150.00 ****150.00 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-SY-ZIP CITY-ST-ZIP

CITY-ST-Z12 I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

DOCUMENT #

City-St-7IP DOCUMENT #

NAME STREET ADORESS

NAME STREET ADDRESS