

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90254 006 ***150.00

DOCUMENT # **L00000001385**

1. Entity Name
PINNACLE VACATION HOMES LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5260 WEST 18LD BRONSON HWY

Suite, Apt. #, etc.
UNIT 115

City & State
KISSIMMEE, FL

Zip
34746 Country
USA

3. Mailing Address
5260 WEST 18LD BRONSON HWY

Suite, Apt. #, etc.
UNIT 115

City & State
KISSIMMEE, FL

Zip
34746 Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3622673

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
SPIEGEL & UTRERA PA

Street Address (P.O. Box Number Is Not Acceptable)
1840 CORAL WAY

4TH FLOOR

City
MIAMI FL Zip Code
33145

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.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25**

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	P	GARRY HILL	417 WATER ST				
		CELEBRATION, FL 34747					
	D	PATRICIA Y HILL	417 WATER ST				
		CELEBRATION, FL 34747					

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATRICIA Y. HILL

29 APRIL 02

Date

407 908 4841

Daytime Phone #