## 2002 UNIFORM BUSINESS REPORT (UBR)

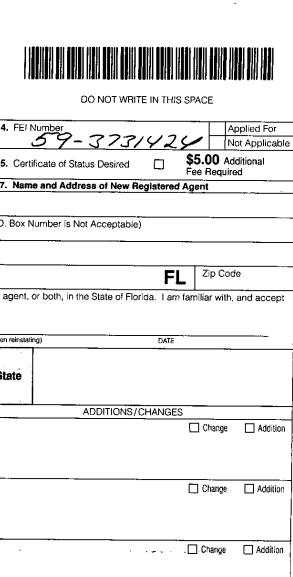
## DOCUMENT # L01000011025

## PINNACLE VENTURE, LLC

Principal Place of Business Mailing Address 2449 FALLEN TREE DRIVE E 2449 FALLEN TREE DRIVE E

## **FILED** Jul 11, 2002 8:00 am Secretary of State

07-11-2002 90246 006 \*\*\*\*50.00



JACKSOMVILLE	. FL J2240		JACKSUNVILLE FL 32240								
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2. Principal Place of Business			3. Mailing Address			[	0.0			<b>10</b> 1 <b>6</b> 111 ( <b>56</b> 1	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
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Zip		Country	Zip	Country			5. Certificate of Status Desired Status Desired Status Desired Fee Required				
	and Address of Current	L	***	7. Nan	ne and Address of New Regis			<del></del>			
-		Name									
		ARD WESLEY II									
		ree drive e		Street Address (			P.O. Box Number is Not Acceptable)				
JACI	KSONVILLE	FL 32246									
i					City	<del> </del>	<u></u>		- Zin Coo		
<u> </u>		•			FL	Zip Coc					
8. The above the obligat	named entity tions of regist	<ul> <li>submits this statement foered agent.</li> </ul>	r the purpose of changing its	registere	ed office or registe	ered agent,	or both, in the State of Florida.	I am fan	niliar with,	and accept	
SIGNATURE	Signature, typed	or printed name of registered agent a	and title if applicable. (NOTI	E: Registered	Agent signature require	d when reinsta	ting)	DATE			
			,				<u> </u>	-			
FILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of State											
•						of State					
				Septen	nber 25, 2002						
9.	1400	MANAGING MEMBE		10.			ADDITIONS/CHA	NGES			
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11. 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 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, ME

AGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #