

# 2002 UNIFORM BUSINESS REPORT (UBR)

0010415

**DOCUMENT # L01000017798**  
 1. Entity Name  
**PINNACLE HOUSING GROUP, LLC**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS.

*WLC*  
 3/28

02 MAR 28 PM 4:13

Principal Place of Business      Mailing Address  
 9400 SOUTH DADELAND BLVD., STE. 100      9400 SOUTH DADELAND BLVD., STE. 100  
 MIAMI FL 33156      MIAMI FL 33156



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country

4. FEI Number **65-1149801**      Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent  
**MCDONOUGH, BRIAN J**  
**2200 MUSEUM TOWER**  
**150 WEST FLAGLER ST.**  
**MIAMI FL 33130**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

**300005179733--7**  
**-04/01/02--01060--006**  
**\*\*\*\*\*55.00 \*\*\*\*\*55.00**

9. MANAGING MEMBERS/MANAGERS

TITLE <b>C/MGR</b>	<b>Louis Wolfson III</b> <input type="checkbox"/> Delete
NAME	<b>9400 S Dadeland Blvd #100</b>
STREET ADDRESS	<b>Miami FL 33156</b>
CITY-ST-ZIP	
TITLE <b>P/M</b>	<b>Michael D. Wohl</b> <input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <b>V.P.</b>	<b>David O. Deutsch</b> <input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <b>V.P.</b>	<b>Mitchell M. Friedman</b> <input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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]* **Michael D. Wohl** 3/27/02 (305) 854-7100  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #

CFR2E083 (9/01)