File on or before May 1, 1999 or subject to a \$ 400.00 LATE FEE	Limited Liability Company will be	•
LIMITED LIABILITY COMPANY ANNUAL REPORT 1999	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	· Chiro · · · i ·
\$ 188.75 Make Check Payable T	+ \$88.75 Corporation Supplemental Fee o: FLORIDA DEPARTMENT OF STATE	COUNTY THE MILLS 18
of Limited Liability Company DOCUMENT # L98000002122		1a. Principal Place of Business Address
PINNACLE CAPITAL GROUP, L.C. 1401 BRICKELL AVENUE, SUITE 103 0 660 MIAMI FL 33131		1401 BRICKELL AVENUE, SUITE 600 MIAMI FL 33131
2. Principal Place of Business	2a. Mailing Address	3. Date Organized or Qualified 3a. State of Formation
Suite, Apt. #, etc.	Suite, Apt. #, etc.	10/05/1998 FI. 4. FEI Number Applied For
City & State	City & State	65-0870867 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired
Zip Country	Zip Country	S8 75 Additional Fee Required
7. Name and Address of Current	Registered Agent 8. N	same and Address of New Registered Agent/Office
AMERICAN INFORMATION SERVICES, INC. ONE S.E. THIRD AVENUE, 28TH FLOOR MIAMI FL 33131 Mark (absert 6 Pinnede Advisory Group Street Address (P.O. Box Number is Not Acceptable) 1401 Brickell Avenue, Site 660 Suite, Apr. *, etc.		
	City Mism	FL 33131
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.		
SIGNATURE Register Agent Age	oppointment) (NOTE Registered Agent signature required when reinstitling)	DATE J. 3-99
10. Title Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR CABRERA, MARC ALEXANDE 1401 BRICKELL AVENUE, SUIT MIAMI FL 400-218:2444-5		

11. I do 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 annual 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 of trustee empowered to execute this report as required by Chapter 608. Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.		
SIGNATURE: SIGNAT		