

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90609 033 \*\*\*\*55.00

DOCUMENT # L99000005162  
1. Entity Name  
PINNACLE VACATION RENTALS LLC

**DO NOT WRITE IN THIS SPACE**

958318

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>5260 W. IRLO BRONSON HWY</u> Suite, Apt. #, etc. <u>SUITE # 115</u> City & State <u>KISSIMMEE FL</u> Zip <u>34746</u> Country <u>U.S.A.</u>		3. Mailing Address <u>5260 W. IRLO BRONSON HWY</u> Suite, Apt. #, etc. <u>SUITE # 115</u> City & State <u>KISSIMMEE FL</u> Zip <u>34746</u> Country <u>U.S.A.</u>		4. FEI Number <u>59-3593370</u> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				

7. Name and Address of Current Registered Agent

Name  
Spiegel & Utrera, P.A.  
Street Address (P.O. Box Number is Not Acceptable)  
1840 Coral Way, 4th Floor  
City  
Miami **FL** Zip Code  
33145

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>MGR.</u> <u>PALIN, HENRY W.</u> <u>5260 W. IRLO BRONSON HWY.</u> <u>#115, KISSIMMEE FL 34746</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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] (HENRY W PALIN) 30<sup>th</sup> APR 2002. 407 390 0244  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #