

2002 UNIFORM BUSINESS REPORT (UBR)

0010415

DOCUMENT # **L01000017798**

1. Entity Name

PINNACLE HOUSING GROUP, LLC

55

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS.

WLC
3/28

02 MAR 28 PM 4:13

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

Mailing Address
**9400 SOUTH DADELAND BLVD., STE. 100
MIAMI FL 33156**



DO NOT WRITE IN THIS SPACE

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

3. Mailing Address
Suite, Apt. #, etc.
City & State
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

7. Name and Address of New Registered Agent

**MCDONOUGH, BRIAN J
2200 MUSEUM TOWER
150 WEST FLAGLER ST.
MIAMI FL 33130**

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 **C/MGR** NAME **Louis Wolfson III** Delete
STREET ADDRESS **9400 S Dadeland Blvd #100**
CITY-ST-ZIP **Miami FL 33156**

TITLE **P/M** NAME **Michael D. Wohl** Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE **V.P.** NAME **David O. Deutsch** Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE **V.P.** NAME **Mitchell M. Friedman** Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change 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: **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)