2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000001983

1. Entity Name

PINNACLE POINTE, LTD.

FILED
01 JAN 26 PM 4:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
~~2665 SOUTH BAYSHORE DRIVE,~~ SUITE 202	2665 ~~SOUTH BAYSHORE DRIVE, SUITE~~ 202
~~MIAMI FL 33133~~	~~MIAMI FL 33133~~

2. Principal Place of Business		3. Mailing Address	
9400 S. Dadeland Blvd.		9400 S. Dadeland Blvd.	
Suite, Apt. #, etc. Suite 100		Suite, Apt. #, etc. Suite 100	
City & State Miami, FL		City & State Miami, FL	
Zip 33156	Country USA	Zip 33156	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0963724 APPLIED FOR — Applied For / Not Applicable

5. Certificate of Status Desired ✓ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCDONOUGH, BRIAN J ESQ.	Name
2200 MUSEUM TOWER, 150 WEST FLAGLER ST.	Street Address (P.O. Box Number is Not Acceptable)
MIAMI FL 33130	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 ____________________ 1/22/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. $99.99	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP	P99000103631 PHG POINTE, INC. 2665 SOUTH BAYSHORE DRIVE, SUITE 202 MIAMI FL 33133	STREET ADDRESS CITY-ST-ZIP	9400 S. Dadeland Blvd., Suite 100 Miami, FL 33156
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	500003602945--7 -01/30/01--01133--018 ****150.00 ****150.00
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CR2E003 (11/00)

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: SIGNATURE REQUIRED David O. Deutch 1/22/01 (305)854-7100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #