

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000013490

FILED  
Apr 22, 2004  
Secretary of State

Entity Name: PINNACLE MANAGEMENT, LLC

**Current Principal Place of Business:**

13627 DEERING BAY DRIVE  
#1404  
CORAL GABLES, FL 33158

**New Principal Place of Business:**

**Current Mailing Address:**

13627 DEERING BAY DRIVE  
#1404  
CORAL GABLES, FL 33158

**New Mailing Address:**

FEI Number: 65-1063130

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BREEDEN, DON M  
13627 DEERING BAY DRIVE  
#1404  
CORAL GABLES, FL 33158 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

Title: P ( ) Delete  
Name: BREEDEN, DON M  
Address: 13627 DEERING BAY DRIVE  
City-St-Zip: CORAL GABLES, FL 33158

Title: V ( ) Delete  
Name: BREEDEN, TARA A  
Address: 13627 DEERING BAY DRIVE  
City-St-Zip: CORAL GABLES, FL 33158

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: BREEDEN, DON M  
Address: 13627 DEERING BAY DRIVE  
City-St-Zip: CORAL GABLES, FL 33158

Title: MGR (X) Change ( ) Addition  
Name: BREEDEN, TARA A  
Address: 13627 DEERING BAY DRIVE  
City-St-Zip: CORAL GABLES, FL 33158

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: DON BREEDEN

MGR

04/22/2004

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date