2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000013490

Entity Name: PINNACLE MANAGEMENT, LLC

Current Principal Place of Business:	**New Principal Place of Business:**
13627 DEERING BAY DRIVE #1404 CORAL GABLES, FL 33158	4721 SE WATERFORD DRIVE STUART, FL 34997

Current Mailing Address:	**New Mailing Address:**
P.O. BOX 705 LINVILLE, NC 28646	

FEI Number: 65-1063130   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
OKCULAR, JENNIFER E 6205 VISTA VERDE COURT ST. PETERSBURG, FL 33707 US	OKCULAR, JENNIFER E ESQ 4721 SE WATERFORD DRIVE STUART, FL 34997 US

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: JENNIFER E. OKCULAR, ESQ.   04/16/2007

Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS: **ADDITIONS/CHANGES:**

Title:	MGR ( ) Delete	Title:	MGR (X) Change ( ) Addition
Name:	BREEDEN, DON M	Name:	BREEDEN, DON M
Address:	13627 DEERING BAY DRIVE	Address:	4721 SE WATERFORD DRIVE
City-St-Zip:	CORAL GABLES, FL 33158	City-St-Zip:	STUART, FL 34997

Title:	MGR ( ) Delete	Title:	MGR (X) Change ( ) Addition
Name:	BREEDEN, TARA A	Name:	BREEDEN, TARA A
Address:	13627 DEERING BAY DRIVE	Address:	4721 SE WATERFORD DRIVE
City-St-Zip:	CORAL GABLES, FL 33158	City-St-Zip:	STUART, FL 34997

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 M. BREEDEN   MGR   04/16/2007

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