FILED

Apr 30, 2003 8:00 am Secretary of State

04-30-2003 90180 017 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

Mailing Address

480 BLACKBURN PT ROAD

DOCUMENT # L01000012364

1. Entity Name

Principal Place of Business

1310 OLD STICKNEY POINT ROAD

PINNACLE DEVELOPMENT OF SARASOTA, LLC

SARASOTA FL 34231		OSPREY FL 34229							
						. 		100 100 141	
2. Principal Place of Business		3. Mailing Address							
				- 1 1000100111	.11 00161 11811 08114 0411	1 85111 80101	.1819 11948 (1318		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State		4. FEI Number	65-115635	0	h 	oplied For ot Applicable	
Zip	Country	Zip	Country	5. Certificate of	Status Desired		\$5.00 Add	ditional	
	6. Name and Address of Curren	t Registered Agent		7. Name and A	ddress of New Re				
	AT ATERUSE	age of managers of the second	Name	Name					
VOIGT, STEPHEN'F			Street Addres	Street Address (P.O. Box Number is Not Acceptable)					
C/O VOIGT & VOIGT, P.A. 2042 BEE RIDGE ROAD			dieer Address		3 Not Acceptable)				
	RASOTA FL 34239								
ON MOOTH TE 04205			City		N=-	FL	Zip Cod	 le	
			<u></u>				<u> </u>		
	named entity submits this statement ons of registered agent.	for the purpose of changing it	s registered office or regi	stered agent, or both,	in the State of Flor	ida. Lam t	amiliar with,	and accept	
SIGNATURE _	Signature, typed or printed name of registered ager	nt and title if applicable. (NO	TE: Registered Agent signature req	uired when reinstating)	****	DATE			
-		FILE N	OW!!! FEE IS \$50.0	10					
		ì	ole to Florida Departr						
			ie By May 1, 2003						
9.	MANAGING MEMB	FRS/MANAGERS	10.	1	ADDITIONS/0	CHANGES			
TITLE	MGR	Delete	TITLE				☐ Change	☐ Addition	
NAME	NADOLSKI, LEN		NAME				_ ,		
STREET ADDRESS	26749 WEMBLEY COURT		STREET ADDRESS						
CITY-ST-ZIP	FARMIGTON MILLS MI		CITY-ST-ZIP			,			
TITLE		☐ Delete	TITLE		5		Change	☐ Addition	
NAME			NAME						
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP	. <u></u>		CITY-ST-ZIP						
TITLE		☐ Delete	TITLE				☐ Change	☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Delete	TITLE				☐ Change	☐ Addition	
NAME		— 0000	NAME						
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Delete	TITLE			<u></u>	☐ Change	☐ Addition	
NAME			NAME						
STREET ADDRESS			STREET ADDRESS				•		
CITY-ST-ZIP	·		CITY-ST-ZIP						
TITLE		☐ Delete	TITLE				☐ Change	Addition Addition	
NAME STREET ADDRESS	•		NAME STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-7IP						

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.