

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JAN 11 AM 10:53

REINSTATEMENT 04-05

DOCUMENT # L01000016549	
1. Entity Name PINNACLE PRIME PROPERTIES, LLC	



Principal Place of Business 223 S. WOODLAND BLVD. DELAND, FL 32720	Mailing Address P.O. BOX 4118 ENTERPRISE, FL 32725
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2. Principal Place of Business 231 W. Minnesota Ave.	3. Mailing Address 231 W. Minnesota Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State DeLand, FL	City & State DeLand, FL
Zip 32720	Country Volusia

6. Name and Address of Current Registered Agent MILLER, SOUTH & MILHAUSEN, P.A. C/O JEFFREY P MILHAUSEN, ESQ 2699 LEE ROAD STE 120 WINTER PARK, FL 32789	
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01052005 REIN-LLC	CR2E101 (6/04)
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4. FEI Number 02-6436449 90-0155043	Applied For. Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
7. Name and Address of New Registered Agent Name Fogle & Fiedler, P.A. Street Address (P.O. Box Number is Not Acceptable) c/o Timothy R. Fiedler, Esq. 217 E. Plymouth Ave. City DeLand FL Zip Code 32724	

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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE 1-7-05

FILE NOW!!! FEE IS \$200.00	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HUFFMAN, HERSEY A 1430 SHELLMOUND RD STONE ISLAND ENTERPRISE, FL 32725 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Fred Lane 231 W. Minnesota Ave. DeLand, FL 32720 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Patricia Lane 231 W. Minnesota Ave. DeLand, FL 32720 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3000445080007 <input type="checkbox"/> Change <input type="checkbox"/> Addition 01/11/05--01024--016 **200.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:	DATE: 1/7/05 386-736-1650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	