

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT # L01000016549

1. Entity Name
PINNACLE PRIME PROPERTIES, LLC



Principal Place of Business 231 W. MINNESOTA AVE. DELAND, FL 32720	Mailing Address 231 W. MINNESOTA AVE. DELAND, FL 32720
--	--

DO NOT WRITE IN THIS SPACE



01222008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 90-0155043	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FOGLE & FIEDLER, P.A.
 % TIMOTHY R. FIEDLER, ESQ.
 217 E. PLYMOUTH AVE.
 DELAND, FL 32724

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LANE, FRED 231 W. MINNESOTA AVE. DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LANE, PATRICIA 231 W. MINNESOTA AVE. DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000794622
 01/28/08-80015-008 138.75

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Patricia S. Lane* Patricia Lane 1/22/08 386-736-1650

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #