

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000016549

FILED  
Jan 20, 2009  
Secretary of State

**Entity Name:** PINNACLE PRIME PROPERTIES, LLC

**Current Principal Place of Business:**

231 W. MINNESOTA AVE.  
DELAND, FL 32720

**New Principal Place of Business:**

**Current Mailing Address:**

231 W. MINNESOTA AVE.  
DELAND, FL 32720

**New Mailing Address:**

**FEI Number:** 90-0155043

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

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

Title: MGRM ( ) Delete  
Name: LANE, FRED  
Address: 231 W. MINNESOTA AVE.  
City-St-Zip: DELAND, FL 32720

Title: MGRM ( ) Delete  
Name: LANE, PATRICIA  
Address: 231 W. MINNESOTA AVE.  
City-St-Zip: DELAND, FL 32720

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: LANE, FRED A  
Address: 231 W. MINNESOTA AVE.  
City-St-Zip: DELAND, FL 32720

Title: MGRM (X) Change ( ) Addition  
Name: LANE, PATRICIA S  
Address: 231 W. MINNESOTA AVE.  
City-St-Zip: DELAND, FL 32720

I hereby certify that the information supplied with this filing does not qualify 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:** PATRICIA S. LANE

MGRM

01/20/2009

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