

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2003 8:00 am**  
**Secretary of State**

05-08-2003 90079 003 \*\*\*\*50.00

DOCUMENT # L01000016549

1. Entity Name  
**PINNACLE PRIME PROPERTIES, LLC**



Principal Place of Business  
**223 S. WOODLAND BLVD.  
DELAND FL 32720**

Mailing Address  
**223 S. WOODLAND BLVD.  
DELAND FL 32720**

2. Principal Place of Business

3. Mailing Address

**P.O. Box 4113**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Enterprise Fla**

Zip

Country

Zip

Country

**32725**

**USA**

4. FEI Number **02-6136449**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MILLER, SOUTH & MILHAUSEN, P.A.  
C/O JEFFREY P MILHAUSEN, ESQ  
2699 LEE ROAD STE 120  
WINTER PARK FL 32789**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2003**

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**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**5/5/03 407-323-1360**

CR2E083 (10/02)

Attachment

10103348  
#L01000016549

RAPID MEMO

TO LLC Division of Corporations  
To whom it may concern

DATE 3/5/03  
SUBJECT

This Corp went to two different  
addresses before I received it.  
It went to the Deland Fla. address then  
to the Winter Park Fla. address.  
Please note address change.

Thank you,

AC-1583