

# 2002 UNIFORM BUSINESS REPORT (UBR)

0010415

DOCUMENT # **L01000017798**

1. Entity Name

**PINNACLE HOUSING GROUP, LLC**

55

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS.

WLC  
3/28

02 MAR 28 PM 4:13

Principal Place of Business  
**9400 SOUTH DADELAND BLVD., STE. 100  
MIAMI FL 33156**

Mailing Address  
**9400 SOUTH DADELAND BLVD., STE. 100  
MIAMI FL 33156**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number **05-1149801**  
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

**MCDONOUGH, BRIAN J  
2200 MUSEUM TOWER  
150 WEST FLAGLER ST.  
MIAMI FL 33130**

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State  
Due By May 1, 2002**

**300005179733--7  
-04/01/02--01060--006  
\*\*\*\*\*55.00 \*\*\*\*\*55.00**

9. MANAGING MEMBERS/MANAGERS

TITLE **C/MGR** NAME **Louis Wolfson III**  Delete  
STREET ADDRESS **9400 S Dadeland Blvd #100**  
CITY-ST-ZIP **Miami FL 33156**

TITLE **P/M** NAME **Michael D. Wohl**  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **V.P.** NAME **David O. Deutsch**  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **V.P.** NAME **Mitchell M. Friedman**  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: **Michael D. Wohl** 3/27/02 (305) 854-7100

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

CFR2E083 (9/01)