

2002 UNIFORM BUSINESS REPORT (UBR)

0010415

DOCUMENT # L01000017798

1. Entity Name

PINNACLE HOUSING GROUP, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS.

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1149801

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

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 Department of State
Due By May 1, 2002

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP/S/TM
NAME David O. Deutsch
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP
NAME Mitchell M. Friedman
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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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:

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

Michael D. Wohl 3/27/02

(35) 854-7100

CP2E083 (9/01)