

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2003 8:00 am**  
**Secretary of State**

01-31-2003 90062 021 \*\*\*\*55.00

**DOCUMENT # L01000017798**



1. Entity Name  
**PINNACLE HOUSING GROUP, LLC**

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



CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (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                        | <b>MGR</b> <input type="checkbox"/> Delete |  | TITLE                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                         | <b>WOLFSON, LOUIS III</b>                  |  | NAME                  |   |  |
| STREET ADDRESS               | <b>9400 SOUTH DADELAND BLVD., STE. 100</b> |  | STREET ADDRESS        |   |  |
| CITY-ST-ZIP                  | <b>MIAMI FL 33156</b>                      |  | CITY-ST-ZIP           |   |  |
| TITLE                        | <b>PM</b> <input type="checkbox"/> Delete  |  | TITLE                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                         | <b>WOHL, MICHAEL D</b>                     |  | NAME                  |   |  |
| STREET ADDRESS               | <b>9400 SOUTH DADELAND BLVD., STE. 100</b> |  | STREET ADDRESS        |   |  |
| CITY-ST-ZIP                  | <b>MIAMI FL 33156</b>                      |  | CITY-ST-ZIP           |   |  |
| TITLE                        | <b>VST</b> <input type="checkbox"/> Delete |  | TITLE                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                         | <b>DEUTSCH, DAVID O</b>                    |  | NAME                  |   |  |
| STREET ADDRESS               | <b>9400 SOUTH DADELAND BLVD., STE. 100</b> |  | STREET ADDRESS        |   |  |
| CITY-ST-ZIP                  | <b>MIAMI FL 33156</b>                      |  | CITY-ST-ZIP           |   |  |
| TITLE                        | <b>V</b> <input type="checkbox"/> Delete   |  | TITLE                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                         | <b>FRIEDMAN, MITCHELL M</b>                |  | NAME                  |   |  |
| STREET ADDRESS               | <b>9400 SOUTH DADELAND BLVD., STE. 100</b> |  | STREET ADDRESS        |   |  |
| CITY-ST-ZIP                  | <b>MIAMI FL 33156</b>                      |  | CITY-ST-ZIP           |   |  |
| TITLE                        | <input type="checkbox"/> Delete            |  | TITLE                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                         |  |  | NAME                  |   |  |
| STREET ADDRESS               |  |  | STREET ADDRESS        |   |  |
| CITY-ST-ZIP                  |  |  | CITY-ST-ZIP           |   |  |
| TITLE                        | <input type="checkbox"/> Delete            |  | TITLE                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                         |  |  | NAME                  |   |  |
| STREET ADDRESS               |  |  | STREET ADDRESS        |   |  |
| CITY-ST-ZIP                  |  |  | 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: DAVID DEUTSCH      1-27-03      (305) 854-7100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #

CR2E083 (10/02)