

# **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000017161

**FILED**  
**Mar 14, 2005**  
**Secretary of State**

**Entity Name:** PINNACLE REAL ESTATE SERVICES, LLC

**Current Principal Place of Business:**

1250 N FEDERAL HIGHWAY  
POMPANO BEACH, FL 33062

**New Principal Place of Business:**

**Current Mailing Address:**

1250 N FEDERAL HIGHWAY  
POMPANO BEACH, FL 33062

**New Mailing Address:**

**FEI Number:** 32-0049322

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SABATINO, ADRIAN  
820 SE 3 TERRACE  
POMPANO BEACH, FL 33060 US

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

SABATINO, ADRIAN  
3821 NE 27 AVE  
LIGHTHOUSE POINT, FL 33064 US

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: ADRIAN SABATINO

03/14/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: SABATINO, ADRIAN  
Address: 1250 N FEDERAL HIGHWAY  
City-St-Zip: POMPANO BEACH, FL 33062

Title: MGRM ( ) Delete  
Name: BURKEY, SHAWN  
Address: 1250 N FEDERAL HIGHWAY  
City-St-Zip: POMPANO BEACH, FL 33062

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ADRIAN SABATINO

MGRM

03/14/2005

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