

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 09, 2003 8:00 am
Secretary of State

572/2

05-02-2003 90587 010 ****50.00

DOCUMENT # L02000017161



1. Entity Name
PINNACLE REAL ESTATE SERVICES, LLC

Principal Place of Business
~~448 N.W. 45TH COURT~~
~~FORT LAUDERDALE FL 33309~~

Mailing Address
~~448 N.W. 45TH COURT~~
~~FORT LAUDERDALE FL 33309~~

44004023



2. Principal Place of Business
201 N. OCEAN BLVD
Suite, Apt. #, etc.
#412

3. Mailing Address
201 N OCEAN, BLVD
Suite, Apt. #, etc.
#412

CHECK HERE IF MAKING CHANGES

City & State
POMPANO BEACH
Zip
33062
Country
BROWARD

City & State
POMPANO BEACH
Zip
33062
Country
BROWARD

4. FEI Number
32-0049322
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
SABATINO, ADRIAN
448 NW 45TH COURT
FORT LAUDERDALE FL 33309

7. Name and Address of New Registered Agent
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

B. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SABATINO, ADRIAN 448 N.W. 45TH COURT FORT LAUDERDALE FL 33309	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BURKEY, SHAWN 448 N.W. 45TH COURT FORT LAUDERDALE FL 33309	<input type="checkbox"/> Delete	MGRM SABATINO, Adrian 201 N. Ocean Blvd #412 Pompano, Fl. 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	MGRM Burkey Shawn 201 N. Ocean Blvd #412 Pompano, Fl. 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	

CR2E083 (10/02)

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 606, Florida Statutes.

SIGNATURE: **X** ~~SIGNATURE REQUIRED~~ **X** 4/30 **X** (954) 448-5799
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #