

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 07, 2003 8:00 am**  
**Secretary of State**  
05-07-2003 90046 049 \*\*\*\*50.00

DOCUMENT # L02000031840

1. Entity Name

PINNACLE HOLDINGS - I, LLC



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

5661 WINDHOVER DR

Suite, Apt. #, etc.

3. Mailing Address

55 Pamy Drive

Suite, Apt. #, etc.

City & State

ORLANDO FL

City & State

Hainesport NJ

4. FEI Number

48-1266780

Applied For

Not Applicable

Zip

32819

Country

ORANGE

Zip

08036

Country

Burlington

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Corporation Services Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

City

Tallahassee

FL

Zip Code

32301

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State**

**DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
Garry Hesselbacher  
55 Pamy Drive  
Hainesport NJ 08036

TITLE  
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CITY-ST-ZIP

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IN THIS SPACE**

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

Date

Daytime Phone #

*Garry Hesselbacher* Garry Hesselbacher

4/30/03

215 680 7223

CR2E083B (12/02)