

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000013704**

1. Entity Name  
**PINNACLE SOUTH INVESTMENTS, LLC**



Principal Place of Business  
**10716 ESSEX HALL DRIVE  
CHARLOTTE, NC 28277**

Mailing Address  
**10716 ESSEX HALL DRIVE  
CHARLOTTE, NC 28277**



04082005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>05-0564987</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

**ROSE, DAVID E  
2095 HANBY  
PORT CHARLOTTE, FL 33952**

**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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	ROSE, DWIGHT E JR
STREET ADDRESS	10716 ESSEX HALL DRIVE
CITY- ST- ZIP	CHARLOTTE, NC 28277

TITLE	MGRM
NAME	KREIDER, STEVE N
STREET ADDRESS	4803 ARMORCREST LANE
CITY- ST- ZIP	CHARLOTTE, NC 28277

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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04/29/05-80045-001 50.00

**DO NOT WRITE  
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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/15/05 704-752-1948