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

## FILED Apr 03, 2006 8:00 am Secretary of State

04-03-2006 90075 016 \*\*\*\*50.00

DOCUMENT # L03000013704 1. Entity Name PINNACLE SOUTH INVESTMENTS, LLC 20024061 DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 10716 ESSEX HALL DRIVE 10716 ESSEX HALL DRIVE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For CHARLOTTE, NC CHARLOTTE, NC 05-0564987 Not Applicable Country Zip Country Zip \$5.00 Additional 5. Certificate of Status Desired **MECKLENBURG MECKLENBURG** 28277 28277 Fee Required 7. Name and Address of Current Registered Agent Name DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE City Zip Code The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Floridall am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE त्रमाम के विकास This Sect Prints The Carrier Set. 9. MANAGING MEMBERS/MANAGERS TITLE MGRM TITLE CR2E083B (12/02 DWIGHT E ROSE, JR NAME NAME 10716 ESSEX HALL DRIVE STREET ADDRESS STREET ADDRESS CHARLOTTE, NC 28277 CITY-ST-ZIP CITY-ST-ZIP TITLE MGRM TITLE STEVE KREIDER NAME NAME 4803 ARMORCREST LANE STREET ADDRESS STREET ADDRESS CHARLOTTE, NC 28277 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 4 DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DILE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

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SIGNATURE AND TYPED OR PRINTED NAME OF \$1

Date

Daytime Phone #