

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 26, 2007 08:00 A
Secretary of State

DOCUMENT # L03000020188

1. Entity Name
PINNACLE TRANSPORTATION SERVICES, LLC



Principal Place of Business

**1500 LEE ROAD
SUITE 200
ORLANDO, FL 32810**

Mailing Address

**P.O. 608066
ORLANDO, FL 32860 US**



01192007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0524677	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

**F&L CORP.
ONE INDEPENDENT DRIVE
SUITE 1300
JACKSONVILLE, FL 32202-5017**

**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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO VRATANINA, JEFFREY J 2611 TECHNOLOGY DRIVE ORLANDO, FL 32804
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LONG, DOUGLAS F 2611 TECHNOLOGY DR. ORLANDO, FL 32804
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VRATANINA, LISA M 2611 TECHNOLOGY DRIVE ORLANDO, FL 32804
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LONG, BRENDA 2611 TECHNOLOGY DR. ORLANDO, FL 32804
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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03/06/07-80061-008 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

Jeffrey Vratana

2-5-07

407-578-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #