2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 08, 2006
Secretary of State

DOCUMENT# L03000025414

Entity Name: PINNACLE SYSTEMS INTEGRATION, LLC

Current Principal Place of Business:

1531 S. WICKHAM RD.
WEST MELBOURNE, FL 32904 US

New Principal Place of Business:

Current Mailing Address:

1531 S. WICKHAM RD.
WEST MELBOURNE, FL 32904 US

New Mailing Address:

FEI Number: 77-0604934 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KINBERG, EDWARD J
2101 S. WAVERLY PLACE
MELBOURNE, FL 32901 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: KLEIN, WILLIAM D MR.
Address: 2875 HWY A1A
City-St-Zip: INDIANLANTIC, FL 32903 US

Title: MGRM ( ) Delete
Name: SCHWAB, MICHAEL P MR.
Address: 2263 WOODFIELD CIRCLE
City-St-Zip: WEST MELBOURNE, FL 32904 US

Title: MGRM ( ) Delete
Name: DONOGHUE, JR., JOHN A MR.
Address: 1903 WOODFIELD CIRCLE
City-St-Zip: WEST MELBOURNE, FL 32904 US

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOHN A. DONOGHUE JR. MGRM 02/08/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date