
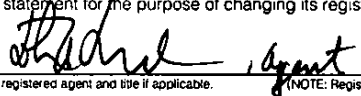



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90034 017 \*\*\*\*50.00

<b>DOCUMENT # L03000047129</b> 1. Entity Name <b>PINNACLE REO SERVICES, LLC</b>					
Principal Place of Business <b>2611 TECHNOLOGY DR. ORLANDO, FL 32804</b>			Mailing Address <b>2611 TECHNOLOGY DR. ORLANDO, FL 32804</b>		
2. Principal Place of Business <b>1030 N. Orange Ave.</b>		3. Mailing Address <b>PO Box 608066</b>			
Suite, Apt. #, etc. <b>Suite 220</b>		Suite, Apt. #, etc. 			
City & State <b>Orlando, Florida</b>		City & State <b>Orlando, Florida</b>		4. FEI Number <b>51-2117561</b>	
Zip <b>32801</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GASDICK, MICHAEL J ESQ 390 N. ORANGE AVE. SUITE 260 ORLANDO, FL 32801</b>		7. Name and Address of New Registered Agent Name <b>F&amp;L Corp.</b> Street Address (P.O. Box Number is Not Acceptable) <b>One Independent Drive</b> <b>Suite 1300</b> City <b>Jacksonville</b> <b>FL</b> Zip Code <b>32202-5017</b>			
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  <b>Agent</b> DATE <b>April 19, 2006</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR ORSOLITS, ROBERT 2611 TECHNOLOGY DR ORLANDO, FL 32804</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1030 N Orange Ave, Ste 220 Orlando, FL 32801</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM LONG, DOUGLAS 2611 TECHNOLOGY DR ORLANDO, FL 32804</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.					
<b>SIGNATURE:</b> 			<b>04/18/06 407.284.0500</b> Date Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					



ATTACHMENT

20042787

#LO3000047129

DEPARTMENT OF FINANCIAL SERVICES

TOM GALLAGHER  
CHIEF FINANCIAL OFFICER

CHECK RELEASE TRANSMITTAL LETTER

Wednesday, April 26, 2006

Reference Number: 4972

The attached check(s) and documents are released to:  
Division of Corporations - Department of State  
By: RACHEL PORTER

I hereby acknowledge receipt of the following checks:

Remitter	Check Number	Amount
BANK OWNED SERVICES	2058	\$50.00

Signature and date of person receiving documents:

Please retain one copy for your records. Sign one copy and return to:

DEPARTMENT OF FINANCIAL SERVICES  
RECEIPTS ACCOUNTING SECTION  
LARSON BUILDING, ROOM G-16  
TALLAHASSEE, FL 32399-0315  
TELEPHONE (850)413-2152

DI4-714  
REVISED 01-95



ATTACHMENT

20042787  
# L03000047129

DEPARTMENT OF FINANCIAL SERVICES

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CHIEF FINANCIAL OFFICER

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