


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90114 036 ****50.00

DOCUMENT # L03000056731		
1. Entity Name PINNACLE GROUP OF JUPITER, LLC		

Principal Place of Business 301 DEER RUN DR. MOUNTAIN TOP PA 18707	Mailing Address 301 DEER RUN DR. MOUNTAIN TOP PA 18707
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address 301 Deer Run Dr. Suite, Apt. #, etc.
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City & State Mountain Top PA 18707	City & State Mountain Top PA 18707
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Zip 18707	Country U.S.A.
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4. FEI Number 51-0492111		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent KRATZ, D. BRUCE 1061 E INDIANTOWN RD, STE 400 JUPITER FL 33477	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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	DATE

<p align="center">FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007</p>	
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CONAHAN, BARBARA A 301 DEER RUN DR. MOUNTAIN TOP PA 18707 <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
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u>Barbara A. Concha</u>	Date: <u>1/26/07</u>	Daytime Phone #: <u>570-825-1573</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		