

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 17, 2005 8:00 am
Secretary of State

02-17-2005 90103 039 ****55.00

DOCUMENT # L04000009191
 1. Entity Name
 PINNACLE HOMES, LLC



Principal Place of Business
 10234 TARPON DRIVE
 TREASURE ISLAND, FL 33706 US

Mailing Address
 10234 TARPON DRIVE
 TREASURE ISLAND, FL 33706 US

20011101

2. Principal Place of Business
 4792 Ridgemoor Circle
 Suite, Apt. #, etc.

3. Mailing Address
 4792 Ridgemoor Circle
 Suite, Apt. #, etc.



02012005 Chg-LLC CR2E083 (10/03)

City & State
 Palm Harbor, FL

City & State
 Palm Harbor, FL

Zip Country
 34685 US

Zip Country
 34685 US

4. FEI Number
 20-0669677

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 WAUGH, EARL R
 10234 TARPON DRIVE
 TREASURE ISLAND, FL 33706

7. Name and Address of New Registered Agent
 Name EARL R. WAUGH
 Street Address (P.O. Box Number is Not Acceptable)
 4792 Ridgemoor Circle
 City Palm Harbor FL Zip Code 34685

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]* DATE 2/14/05

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
 Due by May 1, 2005

Make check payable to
 Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WAUGH, EARL R 10234 TARPON DRIVE TREASURE ISLAND, FL 33706 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PAUL A. BEUCKENS 10234 TARPON DRIVE TREASURE ISLAND, FL 33706 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4792 Ridgemoor Circle Palm Harbor, FL 34685
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ←
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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.

SIGNATURE: *[Signature]* DATE: 2/14/05 727-463-4925

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