2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000014765

1. Entity Name
PINNACLE DEVELOPMENT OF NORTHWEST FLORIDA, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 FEB -2 AM 10:16

Principal Place of Business	Mailing Address
20 OLD FERRY ROAD SHALIMAR, FL 32579	20 OLD FERRY ROAD SHALIMAR, FL 32579

01102006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
17 POQUITO RD	P.O. Box 87
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Shalimar, FL	City & State: Shalimar, FL
Zip: 32579 Country: U.S.	Zip: 32579 Country: US

4. FEI Number: 47-0938770 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RUNNELS, DAVAGE J III 4399 COMMONS DRIVE EAST SUITE 300 DESTIN, FL 32541	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent's signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM ADEN, SHANNON 20 OLD FERRY ROAD SHALIMAR, FL 32579	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 17 Poquito RD Shalimar, FL 32579
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition MGR Aden, Timothy C 17 Poquito Rd Shalimar, FL 32579
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition MGR Sheffield, Joseph H 5403 Blackfoot Rd Crestview FL 32536
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition MGR Sheffield, Anne 5403 Blackfoot Rd Crestview FL 32536
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition MGR Mallin, Shawn 5 Bedford Place Ft. Walton Beach, FL 32547
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 600066200606 02/20/06--01035--020 **411.25

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: Shannon Aden 1/10/06 850-259-2364
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #