2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L04000014765

1. Entity Name
PINNACLE DEVELOPMENT OF NORTHWEST FLORIDA, LLC

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

Mailing Address
20 OLD FERRY ROAD
SHALIMAR, FL 32579

2. Principal Place of Business
17 POQUITO RD
Suite, Apt. #, etc.
City & State: Shalimar, FL
Zip: 32579 Country: U.S.

3. Mailing Address
P.O. Box 87
Suite, Apt. #, etc.
City & State: Shalimar, FL
Zip: 32579 Country: US

01102006 Chg-LLC CR2E083 (11/05)

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
RUNNELS, DAVAGE J III
4399 COMMONS DRIVE EAST
SUITE 300
DESTIN, FL 32541

7. Name and Address of New Registered Agent
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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when resigning) DATE

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

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 #