


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 12, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L04000014765</b> 1. Entity Name <b>PINNACLE DEVELOPMENT OF NORTHWEST FLORIDA, LLC</b>	
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Principal Place of Business <b>1775 LEWIS TURNER BLVD., SUITE 202 FT. WALTON BEACH, FL 32547</b>	Mailing Address <b>1775 LEWIS TURNER BLVD., SUITE 202 FT. WALTON BEACH, FL 32547</b>
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**DO NOT WRITE IN THIS SPACE**



03072007No Chg-LLC

CR2E083 (11/05)

4. FEI Number <b>47-0938770</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

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

**DO NOT WRITE  
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM A &amp; S CONSTRUCTION AND DEVELOPMENT, INC. 17 POQUITO RD SHALIMAR, FL 32579</b>
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03/21/07-80013-002 50.00

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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 **Shannon Aden** 3/7/07 (850) 862-7944

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #