


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000053673</b> 1. Entity Name <b>PINNACLE INTERNATIONAL PROPERTIES, LLC</b>	
---	---

Principal Place of Business <b>16502 N. DALE MABRY TAMPA, FL 33618</b>	Mailing Address <b>16502 N. DALE MABRY TAMPA, FL 33618</b>
---	---



01062006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-1235555</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>SPRAGUE, PATRICK F 1904 E. BUSCH BLVD. TAMPA, FL</b>
--

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00  
Due by May 1, 2006**

000000384496  
01/17/06-80014-012 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RESIDENTIAL EQUITY, LTD. 16502 N. DALE MABRY TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BYRON GIBBS WILSON, JR. TRUSTEE 18921 AVENUE BLARRITZ LUTZ, FL 33558
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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