

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90183 050 ****55.00

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1. Entity Name
PINNACLE CJL, LLC



Principal Place of Business
114 CAMPHOR TREE LANE
ALTAMONTE SPRINGS, FL 32714

Mailing Address
PO BOX 940425
MAITLAND, FL 32794 US

DO NOT WRITE IN THIS SPACE



02072007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-1435005

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BERKSON, GARY M
111 NORTH ORANGE AVENUE, SUITE 1200
ORLANDO, FL 32801

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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 _____

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 MGR
NAME MORGAN, PAUL W
STREET ADDRESS 114 CAMPHOR TREE LANE
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714

TITLE ASST MGR
NAME BRETT MORGAN
STREET ADDRESS PO Box 940425
CITY-ST-ZIP MAITLAND FL 32794

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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: _____

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

Date

Daytime Phone #

BRETT MORGAN

2/17/07

407-539-4539