2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L04000056772

1. Entity Name

PINNACLE CJL, LLC



Feb 11, 2008 08:00 AM **Secretary of State**

FILED

Principal Place of Business

SIGNATURE:

114 CAMPHOR TREE LANE ALTAMONTE SPRINGS, FL 32714 Mailing Address

and a commence of the first of the second

PO BOX 940425

MAITLAND, FL 32794



02062008 No Chg-LLC

CR2E083 (12/07)

Fee Required

| 5. Certificate of Status Desired | X 1. | \$5.00 | Additional |
|----------------------------------|-------------|--------|----------------|
| 20-1435005 | | | Not Applicable |
| 4. FEI Number | | | Applied For |

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

| the obligations of registered agent. | | | | |
|---|---|--|---|--|
| SIGNATURE | | | | |
| 0.01.11.11.01.12.2 | Signature, typed or printed name of registered agent and title if applicable. | (NOTE: Registered Agent algorature required when reinstating) | DATE | |
| FILE NOWIII FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | | | | |
| 9. | MANAGING MEMBERS/MANAGERS | | LANCEN VENTOR LANGUE CONTRA | |
| TITLE | MGR | | | |
| NAME | MORGAN, PAUL W | | | |
| STREET ADDRESS CITY-ST-ZIP | 114 CAMPHOR TREE LANE ALTAMONTE SPRINGS, FL. 32714 | | | |
| TITLE | ALIAMONIE SPANGS, PE 32714 | | | |
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| CITY-ST-ZIP | | | | |
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| CITY-ST-ZIP | | | | |
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| CITY-ST-ZIP | · | | | |
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| CITY-ST-ZIP | | | | |
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| STREET ADDRESS | | | | |
| CITY-ST-ZIP | | જિલ્લાનીએ કે મેર્કે કે મોર્કેન્ડિક મોલા કરો છે. જે માને છે છે કે પ્રાથમિક કે મોર્કે કે માટે કરો છે. જે માના માત્ર કે મોર | complete and the real research to the | |

11. I hereby certify that the information supplied with this filling 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.

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