


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 02, 2006 8:00 am**  
**Secretary of State**

02-02-2006 90094 033 \*\*\*150.00

<b>DOCUMENT # L04000079421</b>	
1. Entity Name <b>PINNACLE DEVELOPMENT OF ST. AUGUSTINE, LLC</b>	

Principal Place of Business <b>806 ANASTASIA BOULEVARD ST. AUGUSTINE FL 32080</b>	Mailing Address <b>806 ANASTASIA BOULEVARD ST. AUGUSTINE FL 32080</b>
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2. Principal Place of Business <b>1750 TREE BLVD</b>	3. Mailing Address <b>1750 TREE BLVD</b>
Suite, Apt. #, etc. <b>Suite 1</b>	Suite, Apt. #, etc. <b>Suite 2</b>
City & State <b>St. Aug, FL</b>	City & State <b>St. Aug, FL</b>
Zip <b>32084</b> Country <b>USA</b>	Zip <b>32084</b> Country <b>USA</b>

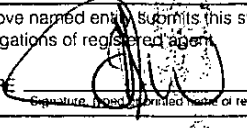
1st MOORE CR2E083 (10/05)

4. FEI Number <b>32-0132892</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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 <b>VAN RENSBURG, ANDRE J 806 ANASTASIA BOULEVARD ST. AUGUSTINE FL 32080</b>	7. Name and Address of New Registered Agent Name <b>← Same as across.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1750 TREE BLVD</b> <b>Suite 1</b> City <b>St Augustine</b> <b>FL</b> Zip Code <b>32084</b>
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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  (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State.**  
**Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR VAN RENSBURG, ANDRE J 806 ANASTASIA BOULEVARD ST. AUGUSTINE FL 32080</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1750 TREE BLVD - Suite 1 St. Aug, FL 32084</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

**Jan 23, 2006**

Date

Daytime Phone #