


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

02-02-2006 90094 033 ***150.00

DOCUMENT # L04000079421	
1. Entity Name PINNACLE DEVELOPMENT OF ST. AUGUSTINE, LLC	

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

1st MOORE CR2E083 (10/05)

4. FEI Number 32-0132892	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent VAN RENSBURG, ANDRE J 806 ANASTASIA BOULEVARD ST. AUGUSTINE FL 32080	
7. Name and Address of New Registered Agent Name ← Same as across. Street Address (P.O. Box Number is Not Acceptable) 1750 TREE Blvd Suite 1 City St Augustine FL Zip Code 32084	

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	MGR VAN RENSBURG, ANDRE J 806 ANASTASIA BOULEVARD ST. AUGUSTINE FL 32080 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	1750 TREE Blvd - Suite 1 St. Aug, FL 32084 <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
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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, 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 #