


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 24, 2008 08:00 A**  
**Secretary of State**

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



Principal Place of Business 1750 TREE BLVD SUITE 1 SAINT AUGUSTINE, FL 32084	Mailing Address 1750 TREE BLVD SUITE 1 SAINT AUGUSTINE, FL 32084
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**DO NOT WRITE IN THIS SPACE**



01112008No Chg-LLC CR2E083 (12/07)

4. FEI Number 32-0132892	Applied For Not Applicable
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5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 VAN RENSBURG, ANDRE J  
 1750 TREE BLVD  
 SUITE 1  
 SAINT AUGUSTINE, FL 32084

**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 Jan 21, 2008

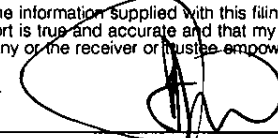
**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VAN RENSBURG, ANDRE J 1750 TREE BLVD SUITE 1 SAINT AUGUSTINE, FL 32084
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**DO NOT WRITE IN THIS SPACE**

400000794295  
 01/25/08-80003-009-138.75

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 # \_\_\_\_\_