

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-03-2005 90027 025 ****50.00

DOCUMENT # L04000080393 1. Entity Name PINNACLE PREFERRED PROPERTIES, LLC					
Principal Place of Business 6416 BERKSHIRE PLACE UNIVERSITY PARK, FL 34201			Mailing Address 6416 BERKSHIRE PLACE UNIVERSITY PARK, FL 34201		
2. Principal Place of Business 8255 Nice Way Suite, Apt. #, etc.		3. Mailing Address 8255 Nice Way Suite, Apt. #, etc.			
City & State Sarasota, FL Zip 34238 Country USA		City & State Sarasota, FL Zip 34238 Country USA		4. FEI Number 28-1848014	
5. Certificate of Status Desired. ☐ \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent WILSON, MICHAEL J 200 SOUTH ORANGE AVE. SARASOTA, FL 34236			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☒ Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 <u>Carol Spencer</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date <u>4/28/05</u> Daytime Phone # <u>941-927-0572</u>		

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