


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 01, 2007 8:00 am**  
**Secretary of State**

03-01-2007 90192 036 \*\*\*\*50.00

<b>DOCUMENT # L05000009334</b> 1. Entity Name <b>PINNACLE INVESTORS, LLC</b>					
Principal Place of Business <b>4901 VINELAND ROAD, STE. 340 ORLANDO, FL 32811</b>			Mailing Address <b>4901 VINELAND ROAD, STE. 340 ORLANDO, FL 32811</b>		
2. Principal Place of Business - No P.O. Box # <b>6996 Piazza Grande Avenue</b>		3. Mailing Address <b>6996 Piazza Grande Avenue</b>			
Suite, Apt. #, etc. <b>Suite 311</b>		Suite, Apt. #, etc. <b>Suite 311</b>			
City & State <b>Orlando, Florida</b>		City & State <b>Orlando, Florida</b>			
Zip <b>32835</b>		Country 		Zip <b>32835</b>	
Country 		Country 			
6. Name and Address of Current Registered Agent  <b>HILL, GRANT 4901 VINELAND ROAD, STE. 340 ORLANDO, FL 32811</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>6996 Piazza Grande Avenue</b>  <b>Suite 311</b> City <b>Orlando</b>		
State <b>FL</b>			Zip Code <b>32835</b>		
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: <u><i>Cherie Greer</i></u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>2/14/07</u>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GREER, CHERIE 4901 VINELAND ROAD, STE. 340 ORLANDO, FL 32811		TITLE NAME STREET ADDRESS CITY-ST-ZIP	6996 Piazza Grande Avenue, Suite 311 Orlando, FL 32835	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	
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: <u><i>Cherie Greer</i></u> DATE: <u>2/14/07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					