


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 09, 2006 8:00 am
Secretary of State

01-09-2006 90048 024 ****50.00

DOCUMENT # L05000027732	
1. Entity Name PINNACLE BUSINESS PARTNERS, LLC	

Principal Place of Business 5811 W. VINE STREET MAIN OFFICE KISSIMMEE, FL 34746 US	Mailing Address 5811 W. VINE STREET MAIN OFFICE KISSIMMEE, FL 34746 US
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2. Principal Place of Business 5825 W. IRLO BRONSON	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State KISSIMMEE, FL	City & State
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Zip 34746	Country USA	Zip	Country
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40000027



01032006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2532912	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 FLICK, JAMES J 112 LAKE AVENUE ORLANDO, FL 32801	
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7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	DATE
Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JOSEPHS, DELROY W 5811 WEST VINE STREET, MAIN OFFICE KISSIMMEE, FL 34746 <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	MGR NKEITI, KAMAL 5811 WEST VINE STREET, MAIN OFFICE KISSIMMEE, FL 34746 <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 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: <i>Delroy Josephs</i> DELROY JOSEPHS	05 JAN. 2006 (407)396-0114
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date Daytime Phone #