

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 08, 2007 8:00 am**  
**Secretary of State**

01-08-2007 90209 010 \*\*\*\*50.00

<b>DOCUMENT # L05000027732</b>					
<b>1. Entity Name</b> PINNACLE BUSINESS PARTNERS, LLC					
<b>Principal Place of Business</b> 5825 W IRLO BRONSON KISSIMMEE, FL 34746 US			<b>Mailing Address</b> 5811 W. VINE STREET MAIN OFFICE KISSIMMEE, FL 34746 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 20-2532912	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
FLICK, JAMES J 112 LAKE AVENUE ORLANDO, FL 32801			Name <b>AL DESAI</b> Street Address (P.O. Box Number is Not Acceptable) <b>7087 GRAND NATIONAL DR</b> <b>SUITE # 102</b> City <b>ORLANDO</b> FL Zip Code <b>32819</b>		
<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.</b>					
SIGNATURE <small>Signature typed or printed name of registered agent and title if applicable.</small>			AL DESAI, CPA <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
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	MGR NKEITI, KAMAL 5811 WEST VINE STREET, MAIN OFFICE KISSIMMEE, FL 34746	<input type="checkbox"/> Delete			
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	MGR NKEITI, KAMAL 5811 WEST VINE STREET, MAIN OFFICE KISSIMMEE, FL 34746	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NKEITI, KAMAL 5811 WEST VINE STREET, MAIN OFFICE KISSIMMEE, FL 34746	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NKEITI, KAMAL 5811 WEST VINE STREET, MAIN OFFICE KISSIMMEE, FL 34746	<input type="checkbox"/> Delete			
<b>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.</b>					
<b>SIGNATURE:</b>			D. JOSEPHS		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			05 JAN. 2007 407-396-0114		