

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 15, 2006 8:00 am
Secretary of State

04-24-2006 90038 020 ****50.00

DOCUMENT # L05000036964 1. Entity Name PCG-PINNACLE CONSTRUCTION GROUP, LLC																																																																																																																							
Principal Place of Business 225 NE MIZNER BLVD. SUITE 300 BOCA RATON, FL 33432			Mailing Address P.O. BOX 1274 TOMBALL, TX 77377																																																																																																																				
2. Principal Place of Business 480 Sail Ln. A703 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																																																																																																					
City & State Merritt Is. FL		City & State																																																																																																																					
Zip 32953		Country USA		4. FEL Number 80-2679426																																																																																																																			
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable																																																																																																																			
6. Name and Address of Current Registered Agent MARTIN, VALERIE 225 NE MIZNER BLVD SUITE 300 BOCA RATON, FL 33432			7. Name and Address of New Registered Agent Name Valerie Martin Street Address (P.O. Box Number is Not Acceptable) 480 Sail Lane A703 City Merritt Island FL Zip Code 32953																																																																																																																				
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>Valerie Martin</i></u> DATE <u>4/17/06</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)																																																																																																																							
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State																																																																																																																					
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left;">9. MANAGING MEMBERS / MANAGERS</th> <th colspan="3" style="text-align: left;">10. ADDITIONS / CHANGES</th> </tr> </thead> <tbody> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 40%; text-align: right;">☐ Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 40%; text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5">MARTIN RESOURCE MANAGEMENT SERVICE, INC.</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="5">26923 HOLLY LORD MAGNOLIA, TX 77355</td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5">MARTIN, HOWELL JR</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="5">26923 HOLLY LORD MAGNOLIA, TX 77355</td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5">MARTIN, VALERIE</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="5">26923 HOLLY LORD MAGNOLIA, TX 77355</td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="5"></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="5"></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="5"></td> </tr> </tbody> </table>						9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES			TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS	MARTIN RESOURCE MANAGEMENT SERVICE, INC.					CITY-ST-ZIP	26923 HOLLY LORD MAGNOLIA, TX 77355					TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS	MARTIN, HOWELL JR					CITY-ST-ZIP	26923 HOLLY LORD MAGNOLIA, TX 77355					TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS	MARTIN, VALERIE					CITY-ST-ZIP	26923 HOLLY LORD MAGNOLIA, TX 77355					TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS						CITY-ST-ZIP						TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS						CITY-ST-ZIP						TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS						CITY-ST-ZIP					
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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>Valerie Martin</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF EACHING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date <u>3/8/06</u> Daytime Phone # <u>832-526-3751</u>																																																																																																																				

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