

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90031 023 \*\*\*\*50.00

**DOCUMENT # L05000044068**



1. Entity Name  
**PINNACLE INSURANCE, LLC**

Principal Place of Business 1855 WEST STATE RD.434 SUITE 228 LONGWOOD, FL 32750	Mailing Address 1855 WEST STATE RD.434 SUITE 228 LONGWOOD, FL 32750
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**20033454**



2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address PO Box 608066 Suite, Apt. #, etc.
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03142006 Chg-LLC CR2E083 (11/05)

City & State Orlando, Florida	4. FEI Number 20-2789833	Applied For <input type="checkbox"/> Not Applicable
Zip 32860-8066	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**  
**F&L CORP.**  
**ONE INDEPENDENT DRIVE, SUITE 1300**  
**JACKSONVILLE, FL 32202-5017**

**7. Name and Address of New Registered Agent**

Name
Street Address (P.O. Box Number is Not Acceptable)
City <b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Jeffrey J. Vratana 1030 N. Orange Ave. Orlando, Florida 32801 <input type="checkbox"/> Change <input checked="" 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
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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:** Jeffrey J. Vratana **4/19/06** **407.284.6500**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #