

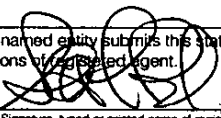



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 13, 2006 8:00 am**  
**Secretary of State**

01-13-2006 90034 031 \*\*\*\*50.00

<b>DOCUMENT # L05000044289</b> 1. Entity Name <b>PINNACLE TITLE AND ESCROW SERVICES COMPANY, LLC</b>					
Principal Place of Business <b>701 BRITTANY LAKES LANE ORLANDO, FL 32828</b>			Mailing Address <b>701 BRITTANY LAKES LANE ORLANDO, FL 32828</b>		
2. Principal Place of Business <b>701 Crest Pines Drive</b> Suite, Apt. #, etc.		3. Mailing Address <b>701 Crest Pines Drive</b> Suite, Apt. #, etc.			
City & State <b>Orlando FL</b> Zip <b>32828</b> Country <b>USA</b>		City & State <b>Orlando FL</b> Zip <b>32828</b> Country <b>USA</b>		4. FEI Number <b>16-1723468</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				01082006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent  <b>PODVIN, SCOTT L 701 BRITTANY LAKES LANE ORLANDO, FL, FL 32828</b>			7. Name and Address of New Registered Agent Name <b>LAW OFFICES OF SCOTT L. PODVIN, P.A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>701 Crest Pines Drive</b> City <b>Orlando</b> <b>FL</b> Zip Code <b>32828</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  <b>SCOTT L. Podvin</b> <b>1/7/06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</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	<b>MGR PODVIN, SCOTT L 701 BRITTANY LAKES LANE ORLANDO, FL 32828</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR PODVIN, MEREDITH A 701 BRITTANY LAKES LANE ORLANDO, FL 32828</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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.					
<b>SIGNATURE:</b>  <b>SCOTT L. Podvin</b> <b>1/7/06</b> <b>407/737/4442</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					