

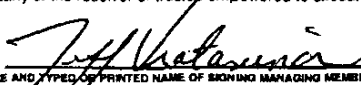


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-24-2006 90059 012 \*\*\*\*50.00

<b>DOCUMENT # L05000047872</b> 1. Entity Name <b>PINNACLE TITLE, LLC</b>					
Principal Place of Business <b>2699 LEE ROAD SUITE 620 WINTER PARK, FL 32789</b>			Mailing Address <b>2699 LEE ROAD SUITE 620 WINTER PARK, FL 32789</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>PO Box 608066</b> Suite, Apt. #, etc.			
City & State 		City & State <b>Orlando, Florida</b>		4. FEI Number <b>20-2916390</b>	
Zip 		Zip <b>32860-8066</b>		Country <b>USA</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>GASDICK, MICHAEL J ESQ. 390 N. ORANGE AVE. SUITE 260 ORLANDO, FL 32801</b>			7. Name and Address of New Registered Agent Name <b>F&amp;L Corp.</b> Street Address (P.O. Box Number is Not Acceptable) <b>One Independent Dr, Ste 1300</b> City <b>Jacksonville</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.			DATE <b>April 19, 2006</b>		
SIGNATURE 			(NOTE: Registered Agent signature required when re-registering)		
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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	
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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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 606, Florida Statutes.					
SIGNATURE: 			04/18/06 407-284-6500		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					