


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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| DOCUMENT # L05000056517 |  |
| 1. Entity Name PINNACLE SOUTH FLORIDA PROPERTIES, LLC | |

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|---|---|
| Principal Place of Business 1239 NATIONAL AVENUE ROCKFORD, IL 61103 | Mailing Address 1239 NATIONAL AVENUE ROCKFORD, IL 61103 |
|---|---|

FILED
Jul 16, 2008 08:00 AM
Secretary of State



07072008No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

| | |
|---|--------------------------------|
| 4. FEI Number 20-2972439 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 |
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**DO NOT WRITE
IN THIS SPACE**

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 DAVID P. BETO 7-7-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR BETO, DAVE 1239 NATIONAL AVENUE ROCKFORD, IL 61103 |
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07/16/08-80009-013 138.75

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

[Signature]

DAVID P. BETO

7/7/08

815
540-5600