

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000123269

**FILED**  
**Apr 12, 2006**  
**Secretary of State**

**Entity Name:** PINNACLE PERFORMERS, LLC

**Current Principal Place of Business:**

28050 U.S. HWY 19 NORTH STE. 405  
CLEARWATER, FL 33761

**New Principal Place of Business:**

28050 U.S. HWY 19 NORTH  
SUITE 405  
CLEARWATER, FL 33761

**Current Mailing Address:**

28050 U.S. HWY 19 NORTH STE. 405  
CLEARWATER, FL 33761

**New Mailing Address:**

28050 U.S. HWY 19 NORTH  
SUITE 405  
CLEARWATER, FL 33761

**FEI Number:** 20-4139935

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROSS, CARY  
328 W. BEARSS AVE.  
TAMPA, FL 33613 US

**Name and Address of New Registered Agent:**

ROSS, CARY  
328 W. BEARSS AVE.  
SUITE A  
TAMPA, FL 33613 US

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.

SIGNATURE:

04/12/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: DICKSON, DAVID A  
Address: 28050 U.S. HIGHWAY 19 N., SUITE 405  
City-St-Zip: CLEARWATER, FL 33761

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DAVID DICKSON

MGRM

04/12/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date