2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 06, 2007
Secretary of State

DOCUMENT# L06000000670

Entity Name: THE PINNOCK GROUP LLC

Current Principal Place of Business:

11320 MELLOW CT
ROYAL PALM BEACH, FL 33411

New Principal Place of Business:

14422 CITRUS GROVE BLVD
LOXAHATCHEE, FL 33470

Current Mailing Address:

PO BOX 213273
ROYAL PALM BEACH, FL 33421

New Mailing Address:

14422 CITRUS GROVE BLVD
LOXAHATCHEE, FL 33470

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PINNOCK, BRIAN
11320 MELLOW CT
ROYAL PALM BEACH, FL 33411 US

Name and Address of New Registered Agent:

PINNOCK, BRIAN
14422 CITRUS GROVE BLVD
LOXAHATCHEE, FL 33470 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: _____ 06/06/2007
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: PINNOCK, BRIAN
Address: PO BOX 213273
City-St-Zip: ROYAL PALM BEACH, FL 33421

Title: MGRM ( ) Delete
Name: TAYLOR-PINNOCK, NICOLE
Address: PO BOX 213273
City-St-Zip: ROYAL PALM BEACH, FL 33421

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: BRIAN PINNOCK MGRM 06/06/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date