


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90036 041 ****55.00

DOCUMENT # L06000060564 1. Entity Name 100 PINNACLES DRIVE, LLC					
Principal Place of Business 9 KINGSGATE COURT ORMOND BEACH, FL 32174			Mailing Address 9 KINGSGATE COURT ORMOND BEACH, FL 32174		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <div style="font-size: 1.2em; font-family: cursive;">41-2233096</div>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GORNT0, L.A. JR ESQ. 149 S. RIDGEWOOD AVENUE, SUITE 550 DAYTONA BEACH, FL 32114				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GONZALEZ, MELCHOR E 9 KINGSGATE COURT ORMOND BEACH, FL 32174			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="font-size: 1.2em; font-family: cursive;">355 Ocean Shore Blvd.</div> <div style="font-size: 1.2em; font-family: cursive;">ORMOND BEACH, FL 32176</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GONZALEZ, MARISELA V 9 KINGSGATE COURT ORMOND BEACH, FL 32174			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="font-size: 1.2em; font-family: cursive;">355 Ocean Shore Blvd</div> <div style="font-size: 1.2em; font-family: cursive;">ORMOND BEACH, FL 32176</div>
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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 606, Florida Statutes.					
SIGNATURE: <div style="font-size: 1.5em; font-family: cursive; display: inline-block;">Marisela Gonzalez</div>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date _____ Daytime Phone # _____	