2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 03, 2008
Secretary of State

DOCUMENT# L06000060564

Entity Name: 100 PINNACLES DRIVE, LLC

Current Principal Place of Business:

9 KINGSGATE COURT
ORMOND BEACH, FL 32174

New Principal Place of Business:

355 OCEANSHORE BLVD
ORMOND BEACH, FL 32176

Current Mailing Address:

9 KINGSGATE COURT
ORMOND BEACH, FL 32174

New Mailing Address:

355 OCEANSHORE BLVD
ORMOND BEACH, FL 32176

FEI Number: 41-2233096 **FEI Number Applied For ( )** **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:

GORNTO, L.A. JR ESQ.
149 S. RIDGEWOOD AVENUE, SUITE 550
DAYTONA BEACH, FL 32114 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: GONZALEZ, MELCHOR E
Address: 355 OCEAN SHORE BLVD
City-St-Zip: ORMOND BEACH, FL 32176

Title: MGR ( ) Delete
Name: GONZALEZ, MARISELA V
Address: 355 OCEAN SHORE BLVD
City-St-Zip: ORMOND BEACH, FL 32176

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: MELCHOR GONZALEZ MGR 09/03/2008

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