


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90339 010 ****50.00

DOCUMENT # L06000061630 1. Entity Name PPG - PINNACLE PROFESSIONAL GROUP, LLC					
Principal Place of Business 225 NE MIZNER BLVD. SUITE 300 BOCA RATON, FL 33432 US			Mailing Address P.O. BOX 1274 TOMBALL, TX 77377 US		
2. Principal Place of Business - No P.O. Box # 5725 Eagle Way		3. Mailing Address Suite, Apt. #, etc.			
City & State Merritt Island		City & State Merritt Island		4. FEI Number 03192007 Chg-LLC CR2E083 (12/06)	
Zip 32953		Country Brevard		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MARTIN, HOWELL G JR 225 NE MIZNER BOULEVARD SUITE 300 BOCA RATON, FL 33432			7. Name and Address of New Registered Agent Name: Howell G. Martin, Jr. Street Address (P.O. Box Number is Not Acceptable): 5725 Eagle Way City: Merritt Island FL Zip Code: 32953		
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: <u>Howell G. Martin, Jr.</u> DATE: <u>4/10/07</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
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	MGRM MARTIN RESOURCE MANAGEMENT SERVICES, INC. 26923 HOLLY LORD MAGNOLIA, TX 77355	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARTIN, HOWELL G JR 26923 HOLLY LORD MAGNOLIA, TX 77355	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: <u>Howell G. Martin</u> DATE: <u>3/19/07</u> 281-252-9862 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					