

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000112208

Entity Name: PINNACLE REALTY LLC

FILED  
Aug 02, 2007  
Secretary of State

**Current Principal Place of Business:**

951 NE 167 STREET  
234  
NORTH MIAMI, FL 33162

**New Principal Place of Business:**

**Current Mailing Address:**

951 NE 167 STREET  
234  
NORTH MIAMI, FL 33162

**New Mailing Address:**

FEI Number: 87-0787826      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:**

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

OLIBRICE, MCOBED P  
19800 NW MIAMI CT  
MIAMI GARDENS, FL 33169      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: SHELLEY, LOZIER  
Address: 5960 NW 14TH PLACE  
City-St-Zip: SUNRISE, FL 33313

Title: MGR      ( ) Delete  
Name: MCOBED, OLIBRICE P  
Address: 19800 NW MIAMI CT  
City-St-Zip: MIAMI GARDENS, FL MIAMI

**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: SHELLEY LOZIER

MGR

08/02/2007

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