

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000061050

Entity Name: LANE PINNACLE, L.L.C.

**FILED**  
**Jan 04, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

109 LAUREL WOOD WAY  
NUMBER 2  
ST. AUGUSTINE, FL 32086

## **Current Mailing Address:**

109 LAUREL WOOD WAY  
NUMBER 2  
ST. AUGUSTINE, FL 32086

## **New Principal Place of Business:**

109 LAUREL WOOD WAY  
NUMBER 205  
ST. AUGUSTINE, FL 32086

## **New Mailing Address:**

109 LAUREL WOOD WAY  
NUMBER 205  
ST. AUGUSTINE, FL 32086

FEI Number: 28-2826467

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

BAZEMORE, SANDRA F  
109 LAUREL WOOD WAY  
ST. AUGUSTINE, FL 32086 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: MGRM  
Name: BAZEMORE, SANDRA F  
Address: 109 LAURELWOOD WAY, NUMBER 205  
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: MGRM  
Name: REESE, CLEVE L  
Address: 109 LAURELWOOD WAY, NUMBER 205  
City-St-Zip: ST. AUGUSTINE, FL 32086

I hereby 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: CLEVE L REESE

MGRM

01/04/2011

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