


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 99 FEB 25 AM 10:25	
<b>FILING FEE \$ 188.75</b>		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>			
1. Name and Mailing Address of Limited Liability Company <b>PINNACLE PRODUCTS GROUP, L.L.C.</b> <b>5500-A AIRPORT BOULEVARD</b> <b>TAMPA FL 33634</b>		<b>DOCUMENT # L98000001335</b> <i>ah-AB</i> <i>Em</i>		1a. Principal Place of Business Address <b>5500-A AIRPORT BOULEVARD</b> <b>TAMPA FL 33634</b>	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified <b>08/03/1998</b> 3a. State of Formation <b>FL</b> 4. FEI Number <b>59-3528781</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report		6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
7. Name and Address of Current Registered Agent <b>GOODWIN, JAMES W</b> <b>400 NORTH TAMPA STREET, SUITE 2300</b> <b>TAMPA FL 33602</b>			8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) <b>2000002796802</b> Suite, Apt. #, etc. <b>-03/05/99--01118--020</b> <b>****188.75 ****188.75</b> City <b>FL</b> Zip Code		
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent's signature required when registered agent)</small>			DATE _____		
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	JUSTIN, JOSEPH S	P.O. BOX 3348		TAMPA FL	
MGRM	DEMATTEIS, ROBERT B	1668 MILL STREAM DRIVE		CHINO HILLS CA	
MGRM	GRIFFIN, MICHAEL A	6190 REGENCY PARKWAY, SUITE		NORCROSS GA	
MGRM	BOWERS, JOSEPH F	2320 SOUTH 3RD STREET, SUITE		JACKSONVILLE FL	
MGRM	PANSIER, DONALD J	3015 APPOLLO AVENUE		GREEN BAY WI	
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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, and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE: <i>[Signature]</i>		2/18/99 800-262-1258			