APPROYEU

2000 UNIFORM BUSINESS REPORT (UBR)

SOCUMENT # L9800002115 Entity Name PINNACLE POOLS, L.L.C.					00 MAY -4 AM 9: 31				
									II W WOL
rincipal Place of Business Mailing Address					SECRETARY OF STATE FALLAHASSEE. FLORIDA				
					IALL	ANADOLO			
14255 US HW SUITE 2 155 1			14255 US HWY ONE SUITE 2 155 2160						
JUNO BEACH FL 33408 JUNO BEACH FL 33408-1			FL 33408-1490		'I HARINDIN DIA 19191 SIGNI 1600 BIJIN ARAN BAND BAND BARD NABI MARI MARI BAND 1801				
Division Address				;-					
Principal Place of Business		3. Mailing Add	3. Mailing Address			10101 19111 10111 10111		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Suite, Apt. #, etc.		Suite, Apt. #	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State	City & State		4. FEI Number 65-0871373 Applied For Not Applicable				
Zip Country		Zip Cou		Country	_ \$5.00 Additional				
	<u> </u>						Fee Require		
6. Name and Address of Current Registered Agent			<u> </u>	7. Name and Address of New Registered Agent					
WHITE, WILTON L				Name Tom Ricc Street Address (P.O. Box Number is Not Acceptable)					
625 NORTH FLAGLER DRIVE, 9TH FLOOR				142CS	US Hwy	one Suil	c 216	D	
WEST PALM BEACH FL 33401					,	,			
				CityJyno	Black	F	Zip Code	S S	
. The above	named entity submits this statement	for the purpose of c	hanging its regi			the State of Florida.			
	V. AT					.5.	1.00		
IGNATURE	Signature, typed or printed name of registered age	ent and title if applicable.	(NOTE: Reg	istered Agent signature requi	red when reinstating)	DATE			
			EII E NOW!	!!! FEE IS \$50.0					
		Make		le to Department		•		•	
	<u> </u>								
ITLE		MBERS/MEMBERS		TITLE		ADDITIONS/CHANGE	Change	[] Addition	
AME	MGR RICE, TOM	, ' '	Designe	NAME					
TREET ADDRESS	DRESS 14255 US HWY ONE SUITE 2155 2160			STREET ADDRESS CITY-ST-ZIP					
ITY-8T-ZIP	JUNO BEACH FL 33408			TITLE			☐ Change	Addition	
AME	MGR DUBE, DAVID			NAME				_	
TREET ADDRESS	DRESS 14255 US HWY ONE SUITE 2155 2160			STREET ADDRESS	9000032755499 -06/02/0001094022				
TY- 8T- Z(P	JUNO BEACH FL 33408		Delete	CITY-ST-ZIP		*****50.00	******5	Addition	
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TREET ADDRESS				STREET ADDRESS					
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AME	,	. Ш		TITLE NAME					
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ITY- ST-ZIP	<u> </u>		Pulsas.	CITY- ST-ZIP			√ Change	Addition	
TTLE (μ.	L		TITLE			/ CHANGO	PROPERTIES	
TREET ADDRESS			J	STREET ADURESS		ı			
ITY-\$T-ZIP				CITY- \$T-ZIP					
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TREET ADDRESS				STREET ADDRESS	•				
ITY- 8T- ∫ IP	<u> </u>	<u> </u>		CITY-\$T-ZIP					
1. I heleby o	certify that the information supplied v	ith this filing does no	ot qualify for the	exemption stated in	Section 119.07(3)(i), Flo	orida Statutes. I further o	ertify that the in	ntormation	

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 trusted empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER