

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90380 010 ****50.00

DOCUMENT # L99000000701

1. Entity Name

PINNACLE FOURTEEN LLC



Principal Place of Business

407 LINCOLN ROAD, SUITE 10-E
MIAMI BEACH FL 33139

Mailing Address

407 LINCOLN ROAD, SUITE 10-E
MIAMI BEACH FL 33139

2. Principal Place of Business

301 OCEAN DRIVE
Suite, Apt. #, etc.
SUITE 303

3. Mailing Address

P.O. BOX 1377
Suite, Apt. #, etc.

City & State

MIAMI BEACH

City & State

MIAMI BEACH FL

Zip

33139

Country

Zip

33139

Country

4. FEI Number

69-0905950

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required



1st MOORE

CR2E083 (10/04)

6. Name and Address of Current Registered Agent

NELSON, LARRY
407 LINCOLN RD
STE. 10-E
MIAMI FL 33139

7. Name and Address of New Registered Agent

Name

LARRY NELSON

Street Address (P.O. Box Number is Not Acceptable)

301 OCEAN DRIVE SUITE 303

City MIAMI BEACH

FL

Zip Code

33139

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2/22/2005

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS / MANAGERS

TITLE MGR
NAME LANDY, RICHARD
STREET ADDRESS 407 LINCOLN ROAD, SUITE 10-E
CITY-ST-ZIP MIAMI BEACH FL 33139 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS 301 OCEAN DR SUITE 303
CITY-ST-ZIP MIAMI BEACH FL 33139 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/22/2005

305-534-7530