

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 27, 2007 8:00 am
Secretary of State

01-25-2007 90090 012 ****50.00

DOCUMENT # M98000000097 1. Entity Name PINNACLE DEVELOPMENT COMPANY LTD., LLC					
Principal Place of Business 1605 SUWANNEE DRIVE WAYCROSS, GA 31501			Mailing Address 1605 SUWANNEE DRIVE WAYCROSS, GA 31501		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 58-2271453	
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
POTTER, JOHN 3422 PALM AVENUE FT. MYERS, FL 33901				Name Menotti, Roger Street Address (P.O. Box Number is Not Acceptable) 3422 Palm Avenue City Ft. Myers FL Zip Code 33901	
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. <i>Roger T. Menotti</i> SIGNATURE Roger T. Menotti, Manager August 16, 2007 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CANNON, RAY ☐ Delete 1605 SUWANNEE DR. WAYCROSS, GA 31501			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			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 exemptions contained in Chapter 119, 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: <i>Ray Cannon</i> RAY CANNON				Date 1-22-07 Daytime Phone # 912-283-7910	