


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 Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED

99 MAY -6 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE \$ 188.75	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company **DOCUMENT # M98000000686**

PINNACLE LENDING, LLC
1919 LYNNFIELD DR.
MEMPHIS TN 38119

1a. Principal Place of Business Address
1919 LYNNFIELD DR.
MEMPHIS TN 38119

2. Principal Place of Business 2399 Chiswood St. Suite, Apt. #, etc.	2a. Mailing Address 2399 Chiswood St. Suite, Apt. #, etc.
City & State Memphis, TN 3	City & State Memphis, TN
Zip 38134	Country Shelby

3. Date Organized or Qualified 06/29/1998	3a. State of Formation TN
4. FEI Number 62-1687355	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report	6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent
PORTUONDO, ERNESTO
9360 SUNSET DRIVE, SUITE 257
MIAMI FT. 33173

8. Name and Address of New Registered Agent/Office

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
City
Zip Code

FL

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 _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when terminating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	BREUNIG, WAYNE T	2399 Chiswood 1919 LYNNFIELD DR.	MEMPHIS TN
MGRM	CRIHFIELD, A. O	1919 LYNNFIELD DR. 2399 Chiswood	MEMPHIS TN

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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: Wayne T. Breunig Wayne T. Breunig 5/5/99 401-387-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER