

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000000973

1. Entity Name
PINNACLE MANAGING CO., LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 14 PM 1:25

Principal Place of Business
C/O JOEL WIENER
ONEW PENN PLAZA, SUITE 4000
NEW YORK NY 10119

Mailing Address
C/O JOEL WIENER
ONEW PENN PLAZA, SUITE 4000
NEW YORK NY 10119



2. Principal Place of Business
One Penn Plaza
Suite, Apt. #, etc.
Suite 4000
City & State
New York, N.Y.
Zip
10119 Country

3. Mailing Address
One Penn Plaza
Suite, Apt. #, etc.
Suite 4000
City & State
New York, N.Y.
Zip
10119 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-4055497 Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
WIENER, JOEL
C/O INLAND TOWERS LLC
2075 NORTHEAST 164TH STREET
NORTH MIAMI BEACH FL 33162

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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.
SIGNATURE [Signature] (NOTE: Registered Agent signature required when reinstating) DATE 7/14/2000

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

300003327093--2
-07/19/00--01012--001
*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WIENER, JOEL ONE PENN PLAZA, SUITE 4000 NEW YORK NY 10119	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

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

Date

Daytime Phone #

212 665
7/10/2000 2800