2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Apr 27, 2006
Secretary of State

DOCUMENT# L02000028863

Entity Name: P.V. MANAGEMENT, LLC

Current Principal Place of Business:

9999 SUMMERBREEZE DR #1022
SUNRISE, FL 33322

New Principal Place of Business:

5604 FLORENCE HARBOR DR
ORLANDO, FL 32829

Current Mailing Address:

9999 SUMMERBREEZE DR #1022
SUNRISE, FL 33322

New Mailing Address:

5604 FLORENCE HARBOR DR
ORLANDO, FL 32829

FEI Number: 55-0805143 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

VATTE, NARESH
9999 SUMMERBREEZE DR #1022
SUNRISE, FL 33322 US

Name and Address of New Registered Agent:

PULYALA, MANMOHAN
5604 FLORENCE HARBOR DR
ORLANDO, FL 32829 US

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: MANMOHAN PULYALA 04/27/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MR ( ) Change (X) Addition
Name: PULYALA, MANMOHAN
Address: 5604 FLORENCE HARBOR DR
City-St-Zip: ORLANDO, FL 32829

Title: MR ( ) Change (X) Addition
Name: VATTE, NARESH
Address: 1630 NW 128 DR
City-St-Zip: SUNRISE, FL 33323

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MANMOHAN PULYALA MR 04/27/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date