


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 24, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000032323 1. Entity Name PVA, LLC	
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Principal Place of Business 516 LAKEVIEW ROAD, UNIT 8 CLEARWATER, FL 33756-3302	Mailing Address 516 LAKEVIEW ROAD, UNIT 8 CLEARWATER, FL 33756-3302
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01272005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 16-1684659	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent FLYNN, KEVIN T 516 LAKEVIEW ROAD, UNIT 8 CLEARWATER, FL 33756-3302

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

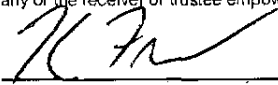
**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FLYNN, THOMAS F 516 LAKEVIEW ROAD, #8 CLEARWATER, FL 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FLYNN, KEVIN T 516 LAKEVIEW ROAD, #8 CLEARWATER, FL 33756
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  Kevin T. Flynn, Vice-President 2/16/05 727-449-1182
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #