## 2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

STREET ADDRESS CITY-ST-ZIP

## **FILED** Feb 02, 2005 08:00 AM Secretary of State **DOCUMENT # L03000038452** 1. Entity Name PVB MANAGEMENT LLC Principal Place of Business Mailing Address 10106 FOXHURST CT 10106 FOXHURST CT ORLANDO, FL 32836 ORLANDO, FL 32836 US 01052005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number NOT APPLICABLE Applied For Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent DABNEY, GREGORY S DO NOT WRITE 10106 FOXHURST CT. ORLANDO, FL 32836 IN THIS SPACE 3. 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. Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9, MGR TITLE DABNEY, ARCHENA NAME 10106 FOXHURST CT. STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32836 U00000210981 02/02/05-80091-020 50.00 MILE MGR DABNEY, GREGORY S NAME STREET ADDRESS 10106 FOXHURST CT. CITY-ST-ZIP ORLANDO, FL 32836 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MARKE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Floride 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.

Deytime Phone #