2006 LIMITED LIABILITY COMPANY

FILED **ANNUAL REPORT** Jul 20, 2006 08:00 AN DOCUMENT # L63000038452 **Secretary of State** 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 07182006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number NOT APPLICABLE Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DABNEY, GREGORY S DO NOT WRITE 10106 FOXHURST CT. ORLANDO, FL 32836 . . 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. Tengan sa ny lajansi. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE U00000571392 Filing Fee is \$50.00 Due by September 6, 2006 07/20/06-80007-007 **5**0.00 9. MANAGING MEMBERS/MANAGERS MGR TITLE DABNEY, ARCHENA NAME 10106 FOXHURST CT. STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32836 MGR TITLE 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 IN THIS SPACE TTT E NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP+ 3

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

NAME STREET ADDRESS CITY-ST-ZIP