

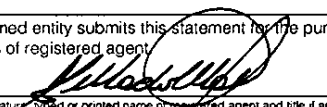



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90203 004 ****50.00

DOCUMENT # L04000029654 1. Entity Name PMV ADVISORS, LLC					
Principal Place of Business 18851 NE 29TH AVENUE STE. 784 AVENTURA, FL 33180			Mailing Address 18851 NE 29TH AVENUE STE. 784 AVENTURA, FL 33180		
2. Principal Place of Business 20803 BISCAYNE BLVD Suite, Apt. #, etc. 302		3. Mailing Address 20803 BISCAYNE BLVD Suite, Apt. #, etc. 302			
City & State AVENTURA, FL		City & State AVENTURA, FL		4. FEI Number 20-1043311	
Zip 33180 Country USA		Zip 33180 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PIERI, LUCIANO M 2655 LE JEUNE RD., STE. 403 CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent Name SANTIAGO PILLADO-MATHEU Street Address (P.O. Box Number is Not Acceptable) 20803 BISCAYNE BLVD STE 302 City AVENTURA FL Zip Code 33180		
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  DATE 1-26-05 <small>Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VALENCIA, MANUEL F 18851 NE 29TH AVENUE STE. 784 AVENTURA, FL 33180	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 20803 BISCAYNE BLVD STE 302 AVENTURA, FL 33180	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PILLADO MATHEU, SANTIAGO 18851 NE 29TH AVENUE STE. 784 AVENTURA, FL 33180	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 20803 BISCAYNE BLVD STE 302 AVENTURA FL 33180	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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: 			1-26-05 (305) 466 1725 <small>Date Daytime Phone #</small>		