

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000054067

Entity Name: PRISM HOLDINGS, LLC.

FILED
Apr 14, 2007
Secretary of State

Current Principal Place of Business:

2255 SW 105 TERRACE
DAVIE, FL 33324 US

New Principal Place of Business:

20925 NE 31 PLACE
AVENTURA, FL 33180 US

Current Mailing Address:

2255 SW 105 TERRACE
DAVIE, FL 33324 US

New Mailing Address:

20925 NE 31 PLACE
AVENTURA, FL 33180 US

FEI Number: 20-1393225

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARKS, RICHARD
2255 SW 105 TERRACE
DAVIE, FL 33324 US

Name and Address of New Registered Agent:

MARKS, RICHARD
20925 NE 31 PLACE
AVENTURA, FL 33180 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: RICHARD MARKS

04/14/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: MARKS, DAVID
Address: 2255 SW 105 TERRACE
City-St-Zip: DAVIE, FL 33324 US

Title: VP () Delete
Name: MARKS, MICHAL
Address: 2255 SW 105 TERRACE
City-St-Zip: DAVIE, FL 33324 US

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: MARKS, DAVID
Address: 20925 NE 31 PLACE
City-St-Zip: AVENTURA, FL 33180 US

Title: VP (X) Change () Addition
Name: MARKS, MICHAL
Address: 20925 NE 31 PLACE
City-St-Zip: AVENTURA, FL 33180 US

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: DAVID MARKS

PRES

04/14/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date