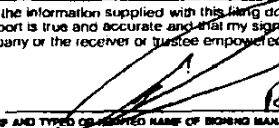


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 08, 2006 8:00 am
Secretary of State

05-04-2006 90034 044 ****50.00

DOCUMENT # L05000041798 1. Entity Name PVV, LLC					
Principal Place of Business 509 ANASTASIA BLVD. ST. AUGUSTINE, FL 32080			Mailing Address 509 ANASTASIA BLVD. ST. AUGUSTINE, FL 32080		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 28-2197529	
Zip		Country		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HAHNEMANN, ROBERT H 509 ANASTASIA BLVD. ST. AUGUSTINE, FL 32080			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____					
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE ☐ Delete Pres. Robert Hahnemann NAME Robert Hahnemann STREET ADDRESS 509 Anastasia Blvd. CITY- ST- ZIP St. Augustine, FL 32080			TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY- ST- ZIP		
TITLE ☐ Delete NAME STREET ADDRESS CITY- ST- ZIP			TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY- ST- ZIP		
TITLE ☐ Delete NAME STREET ADDRESS CITY- ST- ZIP			TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY- ST- ZIP		
TITLE ☐ Delete NAME STREET ADDRESS CITY- ST- ZIP			TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY- ST- ZIP		
TITLE ☐ Delete NAME STREET ADDRESS CITY- ST- ZIP			TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY- ST- ZIP		
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.					
SIGNATURE:  Robert Hahnemann 4/24/06 904-824-9912 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					