2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 06, 2006
Secretary of State

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Entity Name: ADVANCED HORIZONS V, L.L.C.

Current Principal Place of Business:

185 FAIRFIELD AVE., STE. 4C
WEST CALDWELL, NJ 07006

New Principal Place of Business:

Current Mailing Address:

185 FAIRFIELD AVE., STE. 4C
WEST CALDWELL, NJ 07006

New Mailing Address:

FEI Number: 22-3695457 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ROLAND, DOUGLAS C ESQ.
BRICKLEMYER SMOLKER & BOLVES, P.A.
500 E. KENNEDY BLVD., STE. 200
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	PCI, INC.,	
Address:	185 FAIRFIELD AVE.	
City-St-Zip:	WEST CALDWELL, NJ 07006	
Title:	MGRM	( ) Delete
Name:	MIELE, JOSEPH A	
Address:	14 SPRINGCROFT DR	
City-St-Zip:	FAR HILLS, NJ	
Title:	MGRM	( ) Delete
Name:	MIELE, JAMES L	
Address:	811 CARNOUSTIE DR	
City-St-Zip:	BRIDGEWATER, NJ 08807	
Title:	MGRM	( ) Delete
Name:	LOBAINA, DINA MIELE	
Address:	26 NORTH BROOK AVENUE	
City-St-Zip:	BASKING RIDGE, NJ 07920	
Title:	MGRM	( ) Delete
Name:	MURPHY, WILLIAM J	
Address:	4 CHAUCER COURT	
City-St-Zip:	LIVINGSTON, NJ 07039	
Title:	MGRM	( ) Delete
Name:	O'DEA, JOHN A	
Address:	51 EUGENE PLACE	
City-St-Zip:	MONTVILLE, NJ 07045	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: JOHN A O'DEA VP 06/06/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date