2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000000098

4 CHAUCER COURT

O'DEA, JOHN A

51 EUGENE PLACE

MONTVILLE, NJ 07045

MGRM

LIVINGSTON, NJ 07039

() Delete

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

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

FILED Feb 11, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 185 FAIRFIELD AVE., STE. 4C WEST CALDWELL, NJ 07006 **Current Mailing Address: New Mailing Address:** 185 FAIRFIELD AVE., STE. 4C WEST CALDWELL, NJ 07006 FEI Number: 22-3695457 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ROLAND, DOUGLAS C ESQ BRICKLEMYER SMOLKER & BOLVES, P.A. 500 E. KENNEDY BLVD., STE. 200 TAMPA, FL 33602 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete PCI, INC. Name: Name: 185 FAIRFIELD AVE. Address: Address: City-St-Zip: WEST CALDWELL, NJ 07006 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition MIELE, JOSEPH A Name: Name: Address: 14 SPRINGCROFT DR Address: City-St-Zip: FAR HILLS, NJ City-St-Zip: Title: MGRM () Delete Title: () Change () Addition MIELE, JAMES L Name: Name: Address: 811 CARNOUSTIE DR Address: City-St-Zip: BRIDGEWATER, NJ 08807 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: LOBAINA, DINA MIELE Name: Address: 25 STACEY LANE Address: City-St-Zip: BASKING RIDGE, NJ 07920 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition MURPHY, WILLIAM J Name: Name:

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

MGRM

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(X) Change () Addition

SIGNATURE: JOHN A O'DEA VP 02/11/2009