

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000003475

FILED
Jul 03, 2006
Secretary of State

Entity Name: PRISM VENTURE PARTNERS, LLC

Current Principal Place of Business:

420 LEXINGTON AVENUE
SUITE 402
NEW YORK, NY 10170

New Principal Place of Business:

Current Mailing Address:

420 LEXINGTON AVENUE
SUITE 402
NEW YORK, NY 10170

New Mailing Address:

FEI Number: 06-1617293 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:

SABELLA, RICHARD J
800 VILLAGE SQUARE CROSSING STE. 101
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

SABELLA, RICHARD J
675 W INDIANTOWN ROAD
SUITE 201
JUPITER, FL 33458 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:

07/03/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PAGANELLI, PETER
Address: 420 LEXINGTON AVENUE
City-St-Zip: NEW YORK, NY 10170

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGR () Change (X) Addition
Name: SABELLA, RICHARD J
Address: 420 LEXINGTON AVENUE
City-St-Zip: NEW YORK, NY 10170

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: RICHARD J. SABELLA

MGR

07/03/2006

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