2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

FILED Mar 04, 2008 8:00 am Secretary of State

03-04-2008 90103 011 ***138.75

PRISM VENTURE PARTNERS, LLC



Principal Plac	e of Business	Ma	Mailing Address			0.001.2.200					
420 LEXINGTON AVENUE			420 LEXINGTON AVENUE			60012390					
SUITE 402			SUITE 402								
NEW YORK, NY 10170			NEW YORK, NY 10170								
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	lace of Business - No P.O. Bo		3. Mailing Address								
675 W. Inliantown RR			675 West Indiantown Re-			1 10012011 111	BOILD WIN MENT MONTHER		ii mibil imberi sii		
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01222008	Cha II C	CDSEG	2 (42/06)		
# 103			# /03			01222008	Chg-LLC	CRZEUC	33 (12/06)		
City & State			City & State			4. FEI Numbe	er		Аp	plied For	
Jupiter, FL			Jupiter, FL			06-1617293 Not Applicable					
Zip Country 33458 USA		1	Zip		5. Certificate of Status Desired			5.00 Add	itional		
35738	USA		Zip 33458 Cou					Fee Required			
	6. Name and Address of	tered Agent				7. Name and Address of New Registered Agent					
					Name GCC Realty Company LLC						
NATIONAL CORPORATION RESEARCH, LTD. INC.					GCC Realty Company LLC Street Address (P.O. Box Number is Not Acceptable)						
515 E PARK AVE					675 W Indiantown Road						
TALLAHASSEE, FL 32301					_			-			
					Suite 103						
20.32			City upite					FL	Zip Code 3345	a l	
	named entity eubmits this stat	amont for the r	urance of changing its	registered of	fice or regist	ored agent or he	th, in the State of Flo	rida Lam fe	amiliar with	ond account	
ile accive الريور the obligat	ions of egistered agent)	dipose of changing its	registered o	ince or regist	ered agent, or bo	in, in the state of his	ilua. Taili i	arriingar vyitiri,	and accept	
ine obligat		<i>/</i> .	-010	<i>h</i> .	m)		a .	27 - 6			
SIGNATURE .	1141		T Peter Page 1 applicable (NOTE	mall; 1	/enser	•	2-1	14.08 DATE			
<u>,</u> .	Signature, typed or printed name of regis	tered agent and title i	1 applicable. (NOTE	: Registered Age	nt signature requir	ed when reinstating)		DATE			
	•									ì	
FILE NOW!!! FEE IS \$138.75						Make check payable to Florida Department of State					
After May 1, 2008 Fee will be \$538.75						1	Florida	Departme	ent of State	•	
9.	NAANA CINIC	MEMBERS/M	ANIACEDE	10.			ADDITIONS/	CHANGES			
	MGR	MEMBERS/M		_	MG	R	ADDITIONS/		Change	☐ Addition	
TITLE			Delete	TITLE			//:		Change	☐ Addition	
NAME	PAGANELLI, PETER			NAME	7 EC		lli iantown #1	03			
STREET ADDRESS	420 LEXINGTON AVENU)E		STREET AD	II.						
CITY-ST-ZIP	NEW YORK, NY 10170	.		CITY-ST-Z		piter, FL	. 34738				
TITLE	MGR		☐ Delete	TITLE	MO	R	,,		Change	Addition	
NAME	SABELLA, RICHARD J			NAME	12:4	hard Sal	ella 21 auderson = 4/	07	•		
STREET ADDRESS	420 LEXINGTON AVENU	JE .		STREET AD							
CITY-ST-ZIP	NEW YORK, NY 10170			CITY-ST-2	^ທ ປັ∠	pito, FL	33458				
TITLE			☐ Delete	TITLE		,			☐ Change	☐ Addition	
NAME				NAME						_	
STREET ADDRESS				STREET AD	DRESS					İ	
CITY-ST-ZIP				CITY-ST-2	I					;	
				_					Change	Addition	
TITLE			☐ Delete	TITLE					Change	☐ Addition	
NAME CTREET ATTREES	1			NAME STREET AD	onece						

11. I hereby certify that the information supplies with this filling 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 Two 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 trustes empowered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

UGHING MINAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Delete

☐ Delete

1-22-08

561.427.6716

Daytime Phone #

☐ Change

☐ Change

☐ Addition

☐ Addition