2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # M04000003876

1. Entity Name
PRUDENTIAL - TVA LLC

Principal Place of Business	Mailing Address
8 CAMPUS DRIVE, 4TH FLOOR PARSIPPANY, NJ 07054	8 CAMPUS DRIVE, 4TH FLOOR PARSIPPANY, NJ 07054

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

05112005   Chg-LLC   CR2E083 (10/03)

Zip	Country	Zip	Country

4. FEI Number — ☒ Not Applicable / Applied For

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00 **Due by September 7, 2005**		**Make check payable to** **Florida Department of State**

9.	MANAGING MEMBERS / MANAGERS		10.	ADDITIONS / CHANGES	
TITLE	MGR	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	THE PRUDENTIAL INSURANCE COM. OF AMERICA		NAME		
STREET ADDRESS	8 CAMPUS DRIVE, 4TH FLOOR		STREET ADDRESS		
CITY-ST-ZIP	PARSIPPANY, NJ 07054		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Soultana Reigle*   Soultana Reigle, VP   6/8/05   973-734-1300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #