2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 28, 2006 08:00 AN Secretary of State DOCUMENT # M0400003876 1. Entity Name PRUDENTIAL - TVA LLC Principal Place of Business Mailing Address 8 CAMPUS DRIVE, 4TH FLOOR 8 CAMPUS DRIVE, 4TH FLOOR PARSIPPANY, NJ 07054 PARSIPPANY, NJ 07054 CR2E083 (11/05) 02062006 No Chg-LLC DO NOT WRITE IN THIS SPACE 4. FEI Number NOT APPLICABLE Applied For Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM DO NOT WRITE 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 IN THIS SPACE 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 typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) U00000542271 Filing Fee is \$50.00 Due by May 1, 2006 05/10/06-80091-010 50.00 MANAGING MEMBERS/MANAGERS 9. TITLE MGR THE PRUDENTIAL INSURANCE COM. OF AMERICA STREET ADDRESS 8 CAMPUS DRIVE, 4TH FLOOR PARSIPPANY, NJ 07054 CITY ST-ZIP TITLE STREET ADDRESS CITY-SI-ZIP Hitte NAME STREET ADDRESS DO NOT WRITE CHY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP HILLE NAME STREET ADDRESS CITY-ST-ZIP

11. I hereby certify that the information supplied 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 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.

FILED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE ordog ha, **Yresident**

SIGNATURE: