


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M05000002133			
1. Entity Name DRESSAGE HOLDING COMPANY, LLC			
Principal Place of Business C/O PRISM VENTURE PARTNERS, LLC 80 VILLAGE SQUARE CROSSING PALM BEACH GARDENS, FL 33410		Mailing Address C/O PRISM VENTURE PARTNERS, LLC 80 VILLAGE SQUARE CROSSING PALM BEACH GARDENS, FL 33410	
2. Principal Place of Business <i>C/O Prism Venture Partners, LLC ; 800 Village Sq. Crossing Suite 115</i>		3. Mailing Address <i>C/O Prism Venture Partners, LLC ; 800 Village Sq. Crossing Suite 115</i>	
City & State <i>Palm Beach Gardens, FL</i>		City & State <i>Palm Beach Gardens, FL</i>	
Zip <i>33410</i>		Country <i>USA</i>	
4. FEI Number 20-2720589		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent NATIONAL CORPORATE RESEARCH, LTD., INC. 515 E. PARK AVE. TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <i>000074088000</i> <i>05/08/06--01004FD18</i> <i>Zip Code</i> <i>**50.00</i>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PAGANELLI, J. PETER 40 EAST MEADOW ROAD WITTON, CT 06897 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Managing Member</i> PVP Dressage, LLC <i>C/O Prism Venture Partners ; 800 Village Sq. Crossing - Ste 115</i> <i>Palm Beach Gardens, FL 33410</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SABELLA, RICHARD J 130 BEAR'S CLUB DRIVE JUPITER, FL 33477 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing 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.			
SIGNATURE: <i>[Signature]</i>		Date <i>4-28-06</i> Daytime Phone # <i>561-656-2011</i>	