

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90295 041 ****50.00

DOCUMENT # M05000002134

1. Entity Name

PVP DRESSAGE, 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

C/O Prism Venture Partners ; 800 Village Sq. Crossing
Suite # 115

3. Mailing Address

Suite, Apt. #, etc.

Same as

1st MOORE

CR2E083 (10/05)

City & State

Palm Beach Gardens, FL

City & State

Zip

33410

Country

USA

Country

4. FEI Number

20-2720658

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$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

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, the registered agent.

SIGNATURE

(Type, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00.
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME PAGANELLI, J. PETER
STREET ADDRESS 40 EAST MEADOW ROAD
CITY-ST-ZIP WITTON CT 06897

TITLE MGRM ☐ Delete
NAME SABELLA, RICHARD J
STREET ADDRESS 130 BEAR'S CLUB DRIVE
CITY-ST-ZIP JUPITER FL 33477

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3-6-06

561-656-2011

Date

Daytime Phone #