


**2007 LIMITED LIABILITY COMPANY  
 ANNUAL REPORT**

<b>DOCUMENT # L01000004647</b> 1. Entity Name PD MALTA, L.C.	
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Principal Place of Business 100 WALLACE AVENUE SUITE 100 SARASOTA, FL 34237	Mailing Address AX HOLDINGS AX HOUSE, MOSTA ROAD, BZN-0 LIJA, MALTA, XX MALTA XX
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DO NOT WRITE IN THIS SPACE



01092007 No Chg-LLC		CR2E083 (11/05)	
4. FEI Number 65-1103007	Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

BONE, DAVID D  
 100 WALLACE AVENUE, SUITE 100  
 SARASOTA, FL 34237

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 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-stating) DATE \_\_\_\_\_

Filing Fee is \$50.00  
 Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM XUEREB, ANGELO AX HOUSE, MOSTA ROAD LIJA, MALTA, XX BZN-0
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U00000637153  
 02/26/07-80049-015 50.00

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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_