


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L01000004647 <small>1. Entity Name</small> PD MALTA, L.C.	
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<small>Principal Place of Business</small> 100 WALLACE AVENUE SUITE 100 SARASOTA, FL 34237	<small>Mailing Address</small> AX HOLDINGS AX HOUSE, MOSTA ROAD, BZN-0 LIJA, MALTA, XX MALTA XX
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04142008No Chg-LLC	CR2E083 (12/07)
4. FEI Number 65-1103007	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

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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when re-registering)

FILE NOW!!! FEE IS \$138.75
 After May 1, 2008 Fee will be \$538.75

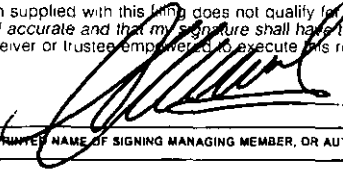
9. MANAGING MEMBERS/MANAGERS

<small>TITLE</small>	MGRM
<small>NAME</small>	XUEREB, ANGELO
<small>STREET ADDRESS</small>	AX HOUSE, MOSTA ROAD
<small>CITY-ST-ZIP</small>	LIJA, MALTA, XX BZN-0
<small>TITLE</small>	
<small>NAME</small>	
<small>STREET ADDRESS</small>	
<small>CITY-ST-ZIP</small>	
<small>TITLE</small>	
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<small>NAME</small>	
<small>STREET ADDRESS</small>	
<small>CITY-ST-ZIP</small>	

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 05/01/08-80055-005 138.75

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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:  DATE: 14-4-08

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