


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000041257**  
1. Entity Name  
**970 MALABAR ROAD, LLC**



Principal Place of Business <b>970 MALABAR ROAD MALABAR FL 32950 US</b>	Mailing Address <b>970 MALABAR ROAD MALABAR FL 32950 US</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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1st MOORE CR2E083 (10/05)

4. FEI Number <b>61-1458806</b>	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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<b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301</b>	Name Street Address (P.O. Box Number is Not Acceptable) City State: <b>FL</b> Zip Code
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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 \_\_\_\_\_ (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			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM DORTMUNDT, LARRY 970 MALABAR ROAD MALABAR FL 32950</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Add
			1100000432205 02/23/06-80060-010 50.00		
	<b>MGRM FRIEDMAN, JOANNE 970 MALABAR ROAD MALABAR FL 32950</b>	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Add
		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Add
		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Add
		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Add
		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Add

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: *Joanne Friedman* 2/7/06 321-733-0107