

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000081437

FILED
May 14, 2007
Secretary of State

Entity Name: MALIBU HEALTHCARE LIMITED LIABILITY COMPANY

Current Principal Place of Business:

3170 N FEDERAL HIGHWAY
SUITE 103-H
LIGHTHOUSE POINT, FL 33064 US

New Principal Place of Business:

Current Mailing Address:

3170 N FEDERAL HIGHWAY
SUITE 103-H
LIGHTHOUSE POINT, FL 33064 US

New Mailing Address:

FEI Number: 25-1923951 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

GRUNEISEN, LINDA
555 BANYAN TREE LANE
VILLA 2
DELRAY BEACH, FL 33483 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SPURLING, ALAN M
Address: GUSTAAF WAPPERS STRAAT 7
City-St-Zip: ANTWERP, BE 2150 BE

Title: MGRM () Delete
Name: SPURLING, ANNE-MARIE E
Address: UNIT 9, 989, GREAT WEST ROAD
City-St-Zip: BRENTFORD, MIDDX, UK TW8 9DN UK

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ALAN M SPURLING

MGR

05/14/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date