

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L08000010615

FILED
Jul 27, 2009
Secretary of State**Entity Name:** MALACHI INNOVATIVE PROPERTIES, LLC**Current Principal Place of Business:**2600 DOUGLAS ROAD
PH-8
CORAL GABLES, FL 33134**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 653337
MIAMI, FL 33265**New Mailing Address:**2600 DOUGLAS ROAD
PH-8
CORAL GABLES, FL 33134**FEI Number:****FEI Number Applied For (X)****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**GONZALEZ, CARLOS
2600 DOUGLAS ROAD
PH-8
CORAL GABLES, FL 33134 US**Name and Address of New Registered Agent:**CASTELLANO, MARIA MGRM
2600 DOUGLAS ROAD
PH-8
CORAL GABLES, FL 33134 US

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: MARIA CASTELLANO

07/27/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:Title: MGR () Delete
Name: GONZALEZ, CARLOS
Address: 2600 DOUGLAS ROAD, PENTHOUSE 8
City-St-Zip: CORAL GABLES, FL 33134Title: MGR (X) Delete
Name: CASTELLANO, MARIA
Address: 2600 DOUGLAS ROAD, PENTHOUSE 8
City-St-Zip: CORAL GABLES, FL 33134**ADDITIONS/CHANGES:**Title: MGRM (X) Change () Addition
Name: CASTELLANO, MARIA
Address: 2600 DOUGLAS ROAD, PENTHOUSE 8
City-St-Zip: CORAL GABLES, FL 33134Title: () 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: MARIA CASTELLANO

MGRM

07/27/2009

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