

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000093296

**FILED**  
**Jan 18, 2006**  
**Secretary of State**

**Entity Name:** MALOOF ENTERPRISES, LLC

**Current Principal Place of Business:**

16322 NW 15TH STREET  
PEMBROKE PINES, FL 33028

**New Principal Place of Business:**

16322 NW 15TH STREET  
PEMBROKE PINES, FL 33028

**Current Mailing Address:**

16322 NW 15TH STREET  
PEMBROKE PINES, FL 33028

**New Mailing Address:**

16322 NW 15 TH STREET  
PEMBROKE PINES, FL 33028

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MALOOF, AL  
16322 NW 15TH STREET  
PEMBROKE PINES, FL 33028 US

**Name and Address of New Registered Agent:**

MALOOF, AL  
100 SE 2ND STREET  
# 4400  
MIAMI, FL 33131 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: AL MALOOF

01/18/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MR. ( ) Change (X) Addition  
Name: MALOOF, AL  
Address: 100 SE 2ND STREET, # 4400  
City-St-Zip: MIAMI, FL 33131

Title: MRS. ( ) Change (X) Addition  
Name: MALOOF, PAULINE  
Address: 16322 NW 15TH STREET  
City-St-Zip: PEMBROKE PINES, FL 33028

I hereby certify that the information supplied with this filing does not qualify for the 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: AL MALOOF

MR.

01/18/2006

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