

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000010672

FILED
Apr 28, 2009
Secretary of State

Entity Name: MALOFI L.L.C.

Current Principal Place of Business:

ONE S.E. THIRD AVENUE
STE. 2250
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

ONE S.E. THIRD AVENUE
STE. 2250
MIAMI, FL 33131

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMKE REGISTERED AGENTS LLC
2250 SUNTRUST INTERNATIONAL CENTER
ONE S.E. THIRD AVENUE
MIAMI, FL 33131 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: MGRM () Delete
Name: BULLARD, WILLIAM
Address: 40 ISLAND DRIVE
City-St-Zip: KEY BISCAYNE, FL 33149

Title: MGRM () Delete
Name: SHARPLES, DAVID R
Address: 200 OCEAN LANE DRIVE, #1102
City-St-Zip: KEY BISCAYNE, FL 33149

Title: MGRM () Delete
Name: PRADO, FERNANDO
Address: 653 HAMPTON LANE
City-St-Zip: KEY BISCAYNE, FL 33149

ADDITIONS/CHANGES:

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

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: ARTURO ABALLI/AMKE REGISTERED AGENTS LLC AR 04/28/2009

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