

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000000388

FILED  
Jan 27, 2005  
Secretary of State

Entity Name: MALONEY MANAGEMENT COMPANY, LLC

## Current Principal Place of Business:

1101 BRICKELL AVE., SUITE 1700  
MIAMI, FL 33131

## New Principal Place of Business:

1101 BRICKELL AVENUE  
SUITE 1700  
MIAMI, FL 33131

## Current Mailing Address:

1101 BRICKELL AVE., SUITE 1700  
MIAMI, FL 33131

## New Mailing Address:

1101 BRICKELL AVENUE  
SUITE 1700  
MIAMI, FL 33131

FEI Number: 65-0971939

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SCHMITZ, JOHN W.  
1101 BRICKELL AVE., SUITE 1700  
MIAMI, FL 33131 US

## Name and Address of New Registered Agent:

SCHMITZ, JOHN W.  
1101 BRICKELL AVENUE  
SUITE 1700  
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: JOHN W. SCHMITZ

01/27/2005

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete  
Name: SCHMITZ, JOHN W.  
Address: 1101 BRICKELL AVE., SUITE 1700  
City-St-Zip: MIAMI, FL 33131

Title: MGRM ( ) Delete  
Name: SCHMITZ, LUCILA  
Address: 1101 BRICKELL AVE., SUITE 1700  
City-St-Zip: MIAMI, FL 33131

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: SCHMITZ, JOHN W.  
Address: 1101 BRICKELL AVENUE, SUITE 1700  
City-St-Zip: MIAMI, FL 33131

Title: MGR (X) Change ( ) Addition  
Name: SCHMITZ, LUCILA  
Address: 1101 BRICKELL AVENUE, SUITE 1700  
City-St-Zip: MIAMI, FL 33131

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JOHN W. SCHMITZ

MGR

01/27/2005

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