2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 30, 2001 08:00 AM
Secretary of State

DOCUMENT # L00000004233

1. Entity Name
MALOFF28, LLC

Principal Place of Business	Mailing Address
15350 AMBERLY DR., #723 TAMPA FL 33647	15350 AMBERLY DR., #723 TAMPA FL 33647

2. Principal Place of Business		3. Mailing Address	
441 WATER STREET		441 WATER STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State CELEBRATION FL		City & State CELEBRATION FL	
Zip 34747	Country	Zip 34747	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number — [X] Applied For / [ ] Not Applicable

5. Certificate of Status Desired [ ] **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MALOFF SETH A
15350 AMBERLY DR., #723
TAMPA FL
33647

7. Name and Address of New Registered Agent

Name
MALOFF SETH A

Street Address (P.O. Box Number is Not Acceptable)
441 WATER STREET

City
CELEBRATION **FL** Zip Code 34747

8. 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 ______________________ 03/30/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9.	MANAGING MEMBERS/MEMBERS	10.	ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SETH MALOFF A 441 WATER STREET CELEBRATION FL 34747 [ ] Change [X] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Change [ ] Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Change [ ] Addition

CR2E083 (11/00)

11. I hereby certify that the information supplied with this filing does not qualify 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 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: Seth A. Maloff MGR 03/30/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #