


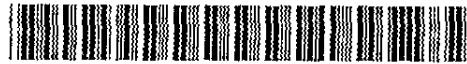
**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

**FILED
Mar 11, 2004 08:00 AM
Secretary of State**

DOCUMENT # L01000004647
1. Entity Name
PD MALTA, L.C.



Principal Place of Business 100 WALLACE AVENUE SUITE 100 SARASOTA, FL 34237	Mailing Address AX HOLDINGS AX HOUSE, MOSTA ROAD LIJA, MALTA, BZN-0
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01262004No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1103007	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BONE, DAVID D
100 WALLACE AVENUE, SUITE 100
SARASOTA, FL 34237

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when resigning)

**Filing Fee is \$50.00
Due by May 1, 2004**

U00000085885
03/11/04-80064-025 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM XUEREB, ANGELO AX HOUSE, MOSTA ROAD LIJA, MALTA, BZN-0
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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.

ANGELO XUEREB
SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2 MARCH 2004 +356 21382999
Date Daytime Phone #