


## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L01000004647</b> 1. Entity Name PD MALTA, L.C.	
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Principal Place of Business 100 WALLACE AVENUE SUITE 100 SARASOTA, FL 34237	Mailing Address AX HOLDINGS AX HOUSE, MOSTA ROAD, BZN-0 LIJA, MALTA, XX MALTA XX
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04142008No Chg-LLC      CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-1103007	Applied For <input type="checkbox"/> 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when registering) DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGRM
NAME	XUEREB, ANGELO
STREET ADDRESS	AX HOUSE, MOSTA ROAD
CITY-ST-ZIP	LIJA, MALTA, XX BZN-0

U000000905470  
 05/01/08-80055-005 138.75

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this form does not qualify for the exemptions contained in Chapter 119, 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

14-4-08