

**2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Mar 05, 2009  
Secretary of State**

DOCUMENT# L01000004647

Entity Name: PD MALTA, L.C.

**Current Principal Place of Business:**

100 WALLACE AVENUE  
SUITE 100  
SARASOTA, FL 34237

**New Principal Place of Business:**

**Current Mailing Address:**

AX HOLDINGS  
AX HOUSE, MOSTA ROAD, BZN-0  
LIJA, MALTA, XX MALTA XX

**New Mailing Address:**

FEI Number: 65-1103007      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BONE, DAVID D  
100 WALLACE AVENUE, SUITE 100  
SARASOTA, FL 34237 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: XUEREB, ANGELO  
Address: AX HOUSE, MOSTA ROAD  
City-St-Zip: LIJA, MALTA, XX BZN-0 XX

**ADDITIONS/CHANGES:**

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: ANGELO XUEREB

MR

03/05/2009

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