

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90044 040 ****50.00

DOCUMENT # L02000016252

1. Entity Name

MALIBU PROPERTIES LLC



Principal Place of Business

**521 WESTWOOD ROAD
WEST PALM BEACH FL 33401**

Mailing Address

**521 WESTWOOD ROAD
WEST PALM BEACH FL 33401**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**A1A CORPORATE SERVICES INC.
218 SOUTHERN COUNTRY LANE
QUINCY FL 32351**

Name

A1A REGISTERED AGENT INC.

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

25 SE 2ND AVE. SUITE 4036

City

MIAMI FL

FL

Zip Code

33131

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 signature required when reinstating)

DATE

PAUL SMITH, Vice President 04-02-03

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CHAMBERS, ALLYSON M
521 WESTWOOD ROAD
WEST PALM BEACH FL 33401** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
WARD, FRANCIS J JR.
521 WESTWOOD ROAD
WEST PALM BEACH FL 33401** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: ALLYSON M CHAMBERS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/18/03 **Del. 833-8644**
Date Daytime Phone #

CR2E083 (10/02)

ATTACHMENT
30082111
L02000016252



A1A FAX COVERSHEET

DATE: 04-04-03

TO: **DIVISION OF CORPORATIONS**
Uniform Business Report Filings

FROM: A1A CORPORATE SERVICES

PLEASE NOTE THAT ALL THE UNIFORM BUSINESS REPORTS ARE
ENCLOSED **HAVE CHANGED THEIR REGISTERED AGENT NAME AND**
ADDRESS TO THE FOLLOWING:

A1A REGISTERED AGENT INC.
25 S.E. 2ND AVENUE SUITE 1036
MIAMI, FL 33131

IF YOU HAVE ANY QUESTIONS YOU CAN CONTACT US AT 1 877 527 3463.

REGARDS,
A1A CORPORATE SERVICES