

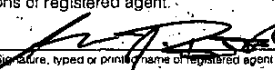
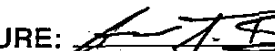


FILED
Apr 13, 2005 8:00 am
Secretary of State

| | | | | | |
|---|---|---|--|--|--|
| DOCUMENT # L03000044637 | |  | | Secretary of State | |
| 1. Entity Name MALIBU CAPITAL LLC | | 04-13-2005 90211 044 ****50.00 | | | |
| Principal Place of Business Aaron Butler 2000 N. Bayshore Drive # 613 Miami, FL 33157 | | Mailing Address same | | | |
| 2. Principal Place of Business | | 3. Mailing Address | |  | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 04072005 Chg-LLC CR2E083 (10/03) | |
| City & State | | City & State | | 4. FEI Number 20-0653046 | |
| Zip | | Zip | | Applied For <input type="checkbox"/> Not Applicable | |
| Country | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BUTLER, AARON J 2404 COLLINS AV UNIT 1140 MIAMI BEACH, FL 33140 2000 N. Bayshore Drive Unit 613 Miami, FL 33137 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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  (Aaron Butler) DATE 04/08/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2005 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR BUTLER, AARON J <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | 2000 N. Bayshore Drive Unit 613 Miami, Florida 33137 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR BUTLER, LARRY R P.O. BOX 556 KENO, OR 97627 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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:  (Aaron Butler) | | | 04/08/05 (305)377-8802 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | <small>Date Daytime Phone #</small> | | |