
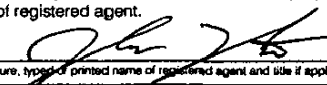
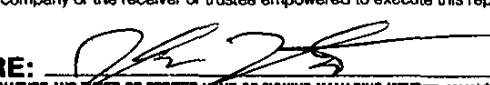


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2005 8:00 am
Secretary of State

01-12-2005 90029 015 ****50.00

DOCUMENT # L03000052618 1. Entity Name MALAY PROPERTIES, LLC					
Principal Place of Business 3109 GRAND AVE #289 MIAMI, FL 33133			Mailing Address 3109 GRAND AVE #289 MIAMI, FL 33133		
2. Principal Place of Business 3898 Shipping Ave Suite, Apt. #, etc.		3. Mailing Address 3898 Shipping Ave Suite, Apt. #, etc.			
City & State Miami FL		City & State Miami FL		4. FEI Number 20-0503205	
Zip 33146		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MATHESON, JORDAN W 10165 NW 19TH AVE MIAMI, FL 33172				7. Name and Address of New Registered Agent Name Jordan Matheson Street Address (P.O. Box Number is Not Acceptable) 3898 Shipping Ave City Miami FL Zip Code 33146	
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  1/10/05 <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	P MATHESON, JORDAN 3104 GRAND AVE., #289 MIAMI, FL 33133 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Jordan Matheson 3898 Shipping Ave Miami, FL 33133 33146 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MATHESON, FINLAY B 3104 GRAND AVE., #289 MIAMI, FL 33133 <input checked="" 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	
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	
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:  1/10/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

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