

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 04, 2005 8:00 am
Secretary of State

02-04-2005 90104 014 ****50.00

DOCUMENT # L04000076751 1. Entity Name MALIBU PLAZA ON THE BAY L.L.C.					
Principal Place of Business 16100 COLLINS AVENUE SUNNY ISLES BEACH, FL 33162			Mailing Address 16100 COLLINS AVENUE SUNNY ISLES BEACH, FL 33162		
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 20-2234515 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>					
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
IRA R. SHAPIRO, P.A. 16375 NE 18TH AVENUE, #225 NORTH MIAMI BEACH, FL 33162			Name Sidney S. Koslovsky Street Address (P.O. Box Number is Not Acceptable) 16100 COLLINS AVE. #110 City Sunny Isles Bch FL Zip Code 33160		
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		Sidney S. Koslovsky, MGR 1/31/05 <small>(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	MGR <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KOSLOVSKY, S.S. & S.K., AS TEN. BY ENT.		NAME		
STREET ADDRESS	16100 COLLINS AVENUE		STREET ADDRESS		
CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33162		CITY-ST-ZIP		
TITLE	MGR <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MEISELS, ROBERTA		NAME		
STREET ADDRESS	11100 COLLINS AVENUE		STREET ADDRESS		
CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33162		CITY-ST-ZIP		
TITLE	MGR <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KOSLOVSKY, SIDNEY S TRUSTEE		NAME		
STREET ADDRESS	11100 COLLINS AVENUE		STREET ADDRESS		
CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33162		CITY-ST-ZIP		
TITLE	MGR <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MEISELS, ROBERTA TRUSTEE		NAME		
STREET ADDRESS	16100 COLLINS AVENUE		STREET ADDRESS		
CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33162		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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:		Sidney S. Koslovsky 1/31/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			
		Date		Daytime Phone #	