2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000076751

Entity Name: MALIBU PLAZA ON THE BAY L.L.C.

MEISELS, ROBERTA TRUSTEE

SUNNY ISLES BEACH, FL 33162

16100 COLLINS AVENUE

Name:

Address:

City-St-Zip:

FILED Feb 20, 2006 Secretary of State

| Current Principal Place of Business: | | | New Principal Place of Business: | |
|-----------------------------------------------------------------------------------------|----------------------------------------------|---------------------------------------------------------------------|---------------------------------------------|----------------------------------------|
| | LINS AVENUE .ES BEACH, F | | | |
| Current Mailing Address: | | | New Mailing Address: | |
| | LINS AVENUE .ES BEACH, F | | | |
| FEI Number: | 20-2234515 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired (X) |
| Name and Address of Current Registered Agent: Name and Address of New Registered Agent: | | | | |
| 16100 COL | (Y, SIDNEY S LINS AVE #11 AMI BEACH, F | | | |
| The above in the State | | ubmits this statement for the p | ourpose of changing its register | ed office or registered agent, or both |
| SIGNATUR | RE: | | | |
| Electronic Signature of Registered Age | | | nt Date | |
| MANAGING MEMBERS/MANAGERS: | | | ADDITIONS/CHANGES: | |
| Title: Name: Address: City-St-Zip: | KOSLOVSKY, S 16100 COLLINS | Delete .S. & S., K., AS TEN. BY ENT. AVENUE EACH, FL 33162 | Title: Name: Address: City-St-Zip: | () Change () Addition |
| Title: Name: Address: City-St-Zip: | MEISELS, ROBE 11100 COLLINS | | Title: Name: Address: City-St-Zip: | () Change () Addition |
| Title: Name: Address: City-St-Zip: | KOSLOVSKY, S 11100 COLLINS | Delete IDNEY S TRUSTEE AVENUE EACH, FL 33162 | Title: Name: Address: City-St-Zip: | () Change () Addition |
| Title. | MGR () | Delete | Title: | () Change () Addition |

I hereby certify that the information supplied with this filing does not qualify for the 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.

Name:

Address:

City-St-Zip:

SIGNATURE: SIDNEY S. KOSLOVSKY MGR 02/20/2006