2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000076751

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

FILED Apr 18, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 16100 COLLINS AVENUE SUNNY ISLES BEACH, FL 33160 **Current Mailing Address: New Mailing Address:** 16100 COLLINS AVENUE SUNNY ISLES BEACH, FL 33160 FEI Number: 20-2234515 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KOSLOVSKY, SIDNEY S 16100 COLLINS AVE #110 SUNNY ISLES BEACH, FL 33160 US 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. SIGNATURE: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition () Delete KOSLOVSKY, S.S. & S.K., AS TEN. BY ENT. Name: Name: 16100 COLLINS AVENUE Address: Address: City-St-Zip: SUNNY ISLES BEACH, FL 33160 City-St-Zip: Title: MGR () Delete Title: () Change () Addition MEISELS, ROBERTA Name: Name: Address: 16100 COLLINS AVENUE Address: City-St-Zip: SUNNY ISLES BEACH, FL 33160 City-St-Zip: Title: MGR () Delete Title: () Change () Addition MEISELS, JOSHUA Name: Name: Address: 16100 COLLINS AVE Address: City-St-Zip: SUNNY ISLES BEACH, FL 33160 City-St-Zip: () Delete Title: MGR Title: () Change () Addition KOSLOVSKY, DAVID Name: Name: Address: 16100 COLLINS AVE Address: City-St-Zip: SUNNY ISLES BEACH, FL 33160 City-St-Zip: Title: MGR () Delete Title: () Change () Addition KOSLOVSKY, MILLIE Name: Name: 16100 COLLINS AVE Address: Address: City-St-Zip: SUNNY ISLES BEACH, FL 33160 City-St-Zip: Title: () Delete Title: () Change () Addition SCHPILBERG, GABRIELLE K Name: Name: Address: 16100 COLLINS AVE Address: SUNNY ISLES BEACH, FL 33160 City-St-Zip: City-St-Zip:

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

SIGNATURE: SIDNEY S. KOSLOVSKY MGR 04/18/2009