

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)


FILED
Mar 18, 2005 8:00 am
Secretary of State

03-01-2005 90019 037 ****50.00

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1st MOORE CR2E083 (10/04)

DOCUMENT # L04000093392					
1. Entity Name MALIBU PENTHOUSE, LLC.					
Principal Place of Business 1705 SOUTH ATLANTIC AVENUE NEW SMYRNA BEACH FL 32169			Mailing Address POST OFFICE BOX 2011 NEW SMYRNA BEACH FL 32170		
2. Principal Place of Business 634 E 3RD AVE			3. Mailing Address P.O. Box 2011		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State NEW SMYRNA BEACH FL		City & State NEW SMYRNA BEACH FL		4. FEI Number 56-2496751	
Zip 32169	Country FLORIDA	Zip 32170	Country FLORIDA	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WEIDE, BRUCE 634 EAST THIRD AVENUE NEW SMYRNA BEACH FL 32169				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				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 <u>Bruce Weide</u> (NOTE: Registered Agent signature required when reinstating) DATE					
<div style="border: 1px solid black; padding: 5px; text-align: center;"> FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 </div>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WEIDE, BRUCE 634 EAST THIRD AVENUE NEW SMYRNA BEACH FL 32169	<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)(f), 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: <u>Bruce Weide</u> 2-23-2005 386-423-7611					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					