## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000047554

Entity Name: MALIBU ESTATES, LLC

FILED Apr 27, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2121 PONCE DE LEON BLVD SUITE 1050

CORAL GABLES, FL 33134 US

Current Mailing Address: New Mailing Address:

2121 PONCE DE LEON BLVD SUITE 1050 CORAL GABLES, FL 33134 US

FEI Number: 20-2832195 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:

CONSULTING SERVICES OF SOUTH FLORIDA, INC 2121 PONCE DE LEON BLVD SUITE 1050 CORAL GABLES, FL 33134 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:

Address:

Electronic Signature of Registered Agent Date

## MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGR ( ) Delete Title: MGRM (X) Change ( ) Addition
Name: CENTURION MANAGEMENT, SERVICES, LTD Name: CENTURION MANAGEMENT, SERVICES, LTD

2121 PONCE DE LEON BLVD SUITE 1050

Address: NERINE CHAMBERS, PO BOX 905

CORAL GABLES, FL 33134 US

City-St-Zip: ROAD TOWN, TORTOLA, BVI, XX XX XX

City-St-Zip: CORAL GABLES, FL 33134 US City-St-Zip: ROAD TOWN, TORTOLA, BVI, XX XX

 Title:
 MGR
 ( ) Delete
 Title:
 MGRM
 (X) Change ( ) Addition

 Name:
 TIMKIN HOLDING, LLC,
 Name:
 THE ARGYLL TRUST COM, PANY

Address: 2121 PONCE DE LEON BLVD SUITE 1050 Address: HUNKINS PLAZA, PO BOX 556, MAIN STREET

City-St-Zip: CORAL GABLES, FL 33134 US City-St-Zip: CHARLESTON, NEVIS, XX XX

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.

SIGNATURE: MARCELA HILL MGR 04/27/2006