2007 LIMITED LIABILITY COMPANY

FILED ANNUAL REPORT Jan 29, 2007 08:00 AM **DOCUMENT # L99000005079 Secretary of State** 1. Entity Name MALIBU BEACH, L.C. Principal Place of Business Mailing Address 110 S. ARMENIA AVE MAILIBU BEACH, LC 110 S ARMENIA AVENUE TAMPA, FL 33647 TAMPA, FL 33609 01212007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 48-5744709 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FERGUSON, JULIE M DO NOT WRITE 110 S.ARMENIA AVE TAMPA, FL 33609 IN THIS SPACE 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, typed or printed name of regulatered agent and title if applicable. (NOTE, Registered Agont signature required when reinstating) 000000607995 01/31/07-80060-020 50.00 Filing Fee is \$50.00 Due by May 1, 2007 MANAGING MEMBERS/MANAGERS MGR TITLE FERGUSON, JULIE M NAME 110 S, ARMENIA AVE STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33609 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE C+TY+ST-ZIP IN THIS SPACE TITLE NAME

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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.

STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE