

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90132 004 ****50.00

DOCUMENT # M05000003274

1. Entity Name

MALIKOVITZ PROPERTIES, LLC



Principal Place of Business

**686 MEADOW WOOD DRIVE
VILLA HILLS KY 41017**

Mailing Address

**686 MEADOW WOOD DRIVE
VILLA HILLS KY 41017**



2. Principal Place of Business

2260 Eastern Ave.

3. Mailing Address

2260 Eastern Ave.

Suite, Apt. #, etc.

602

Suite, Apt. #, etc.

602

1st MOORE,

CR2E083 (10/05)

City & State

Cincinnati, OH

City & State

Cincinnati, OH

4. FEI Number

Applied For

☒ Not Applicable

Zip

45202

Country

USA

Zip

45202

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BATES, CYNDI
11360 GULF BLVD.
TREASURE ISLAND FL 33706**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS

TITLE **MGRM** ☐ Delete
NAME **MORAN, BRION P**
STREET ADDRESS **686 MEADOW WOOD DRIVE**
CITY-ST-ZIP **VILLA HILLS KY 41017**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE:

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

Date

Daytime Phone #

Brion P. Moran

2-2-06

859-912-1190