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FILED

Apr 20, 2005 08:00  
Secretary of State

### 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000004647	
1. Entity Name PD MALTA, L.C.	

Principal Place of Business 100 WALLACE AVENUE SUITE 100 SARASOTA, FL 34237	Mailing Address AX HOLDINGS AX HOUSE, MOSTA ROAD, BZN-0 LIJA, MALTA, XX
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04132005No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-1103007	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BONE, DAVID D  
100 WALLACE AVENUE, SUITE 100  
SARASOTA, FL 34237

**DO NOT WRITE 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM XUEREB, ANGELO AX HOUSE, MOSTA ROAD LIJA, MALTA, BZN-0
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**DO NOT WRITE IN THIS SPACE**

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04/20/05-80044-005 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  DATE \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE