

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000047554

Entity Name: MALIBU ESTATES, LLC

FILED  
Apr 01, 2010  
Secretary of State

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 20-2832195

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: CENTURION MANAGEMENT SERVICES, LTD  
Address: NERINE CHAMBERS, PO BOX 905  
City-St-Zip: ROAD TOWN, TORTOLA, BVI, XX XX XX

Title: MGRM  
Name: THE ARGYLL TRUST COMPANY  
Address: HUNKINS PLAZA, PO BOX 556, MAIN STREET  
City-St-Zip: CHARLESTON, NEVIS, XX XX XX

Title: MGR  
Name: GARCIA, ANTONIO  
Address: 2121 PONCE DE LEON BLVD SUITE 1050  
City-St-Zip: CORAL GABLES, FL 33134

I hereby 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: ANTONIO GARCIA

MGR

04/01/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date