

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)


FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90102 025 ****50.00

0023136

DOCUMENT # L01000004647

1. Entity Name
PD MALTA, L.C.



Principal Place of Business: **1512 E. BROWARD BLVD., STE. 200 FT LAUDERDALE FL 33301**

Mailing Address: **1512 E. BROWARD BLVD., STE. 200 FT LAUDERDALE FL 33301**

2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: **AX HOLDINGS**
Suite, Apt. #, etc.: **AX HOUSE, MOSTA ROAD**
City & State: **L I J A**

City & State: **L I J A**

Zip: **BZN 09** Country: **MALTA**



CHECK HERE IF MAKING CHANGES

4. FEI Number: **65-1103007**

5. Certificate of Status Desired: **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent:
MCCRORY, J. WALTER
1512 E. BROWARD BLVD., STE. 200
FT LAUDERDALE FL 33301

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: _____ (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, 2003

9. MANAGING MEMBERS/MANAGERS	
TITLE: MGRM NAME: MCCRORY, J WALTER STREET ADDRESS: 1512 E BROWARD BLVD #200 CITY-ST-ZIP: FORT LAUDERDALE FL 33301	<input checked="" type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE: MGRM NAME: ANGELD XUEREB STREET ADDRESS: AX HOUSE, MOSTA ROAD CITY-ST-ZIP: L I J A BZN 09 MALTA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* **REQUIRED** *[Signature]* **4/23/03** **954-462-5835**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)