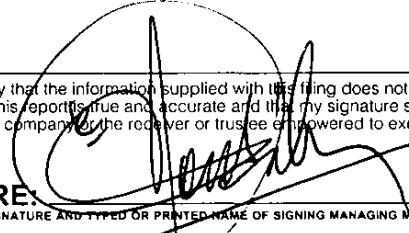


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90065 014 ***143.75

DOCUMENT # Z00199 1. Entity Name MEDLEY WAREHOUSES, L.C.					
Principal Place of Business 2600 DOUGLAS ROAD. SUITE 406 CORAL GABLES, FL 33134			Mailing Address 2600 DOUGLAS ROAD. SUITE 406 CORAL GABLES, FL 33134		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		01172008 Chg-LLC CR2E083 (12/06)
4. FEI Number 65-0187395				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SPENCER, THOMAS R., JR. 999 PONCE DE LEON BLVD STE 510 CORAL GABLES, FL 33134			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 \$138.75 After May 1, 2008 Fee will be \$538.75				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	M NUBRO CORPORATION, N.V. 1600 MICANOPY AVE. COCONUT GROVE, FL 363133	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	M SUNNYVILLE CORPORATION, 2600 DOUGLAS RD.#406 CORAL GABLES, FL 33134	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
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.					
SIGNATURE: 		MEMBER		JAN-22/2008	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	

60003363



(305)
461-9941