

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 06, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000034491**

1. Entity Name  
**MEDLEY HOLDINGS, L.L.C.**



Principal Place of Business  
**13643 DEERING BAY DRIVE  
NO. 136  
CORAL GABLES, FL 33158**

Mailing Address  
**13643 DEERING BAY DRIVE  
NO. 136  
CORAL GABLES, FL 33158**



01032005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1170871**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**REISMAN, JOSEPH B  
13643 DEERING BAY DRIVE  
NO. 136  
CORAL GABLES, FL 33158**

**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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRP
NAME	REISMAN, JOSEPH B
STREET ADDRESS	13643 DEERING BAY DRIVE #136
CITY-ST-ZIP	MIAMI, FL 33158
TITLE	MGRM
NAME	REISMAN, NORMA
STREET ADDRESS	13643 DEERING BAY DRIVE #136
CITY-ST-ZIP	MIAMI, FL 33158
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000172941  
01/06/05-80022-012 50.00

**DO NOT WRITE  
IN THIS SPACE**

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

**1/5/03**  
Date

**1/30/03**  
Office Phone # **0087**