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Secretary of State
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LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000034491

1. Entity Name

MEDLEY HOLDINGS, L.L.C.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
13643 Deering Bay DR.	13643 Deering Bay DR.
Suite, Apt. #, etc. Apt. 136	Suite, Apt. #, etc. #136
City & State Coral Gables, FL.	City & State Coral Gables, FL.
Zip 33158 Country USA	Zip 33158 Country USA

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

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7. Name and Address of Current Registered Agent

Name JOSEPH B. REISMAN

Street Address (P.O. Box Number is Not Acceptable) 13643 DEERING BAY DRIVE, APT. 136

City CORAL GABLES FL Zip Code 33158

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.

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	PRESIDENT / MEMBER MANAGING MEMBER
NAME	JOSEPH B. REISMAN
STREET ADDRESS	13643 DEERING BAY DRIVE. #136
CITY-ST-ZIP	CORAL GABLES, FL 33158
TITLE	MEMBER MANAGING MEMBER
NAME	NORMA REISMAN
STREET ADDRESS	13643 DEERING BAY DRIVE #136
CITY-ST-ZIP	CORAL GABLES, FL 33158
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E083B (12/02)

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: Joseph B Reisman 2/11/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #