

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

01-14-2004 90039 014 *****50.00
FILE L03000000126

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000000126					
1. Entity Name MEDLEY FACILITIES, L.L.C.					
Principal Place of Business 13643 DEERING BAY DRIVE NO. 126 CORAL GABLES, FL 33158 US			Mailing Address 13643 DEERING BAY DRIVE NO. 126 CORAL GABLES, FL 33158 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number	
				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				01062004 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
JOSEPHSON, RUBY 13643 DEERING BAY DRIVE NO. 126 CORAL GABLES, FL 33158			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 reappointing) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RUBY JOSEPHSON 13643 DEERING BAY DRIVE NO. 126 CORAL GABLES, FL 33158 ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BERT JOSEPHSON 13643 DEERING BAY DRIVE NO. 126 CORAL GABLES, FL 33158 ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 606, Florida Statutes.					
SIGNATURE: <i>Ruby Josephson</i>			Date: 1/7/04 305-28-8070		