


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90019 033 ****50.00

DOCUMENT # L04000021033

1. Entity Name
MEDINA REALTY HOLDINGS, L.L.C.




Principal Place of Business
**7680 PETERS ROAD, F-110
 PLANTATION, FL 33324**

Mailing Address
**7680 PETERS ROAD, F-110
 PLANTATION, FL 33324**

2. Principal Place of Business
C/O MARC FIXLOR CPA PA
 Suite, Apt. #, etc.
1505 NW 159 AVENUE
 City & State
PEMBROKE PINES, FL
 Zip
33028 Country
USA

3. Mailing Address
C/O MARC FIXLOR CPA PA
 Suite, Apt. #, etc.
1505 NW 159 AVENUE
 City & State
PEMBROKE PINES, FL
 Zip
33028 Country
USA



04202006 Chg-LLC CR2E083 (11/05)

4. FEI Number
20-0880792 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**CAHAN, RICHARD J.A. ESQ.
 C/O BECKER & POLIAKOFF, P.A.
 121 ALHAMBRA CIRCLE, SUITE 1000
 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

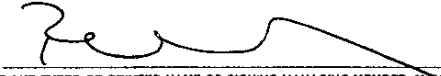
Filing Fee is \$50.00 Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SEDLEY, RONALD 7860 PETERS ROAD, F-110 PLANTATION, FL 33324 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KATZ, RITA 7860 PETERS ROAD, F-110 PLANTATION, FL 33324 <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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>C/O MARC FIXLOR CPA 1505 NW 159 AVENUE PEMBROKE PINES, FL 33028</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>C/O MARC FIXLOR CPA 1505 NW 159 AVENUE PEMBROKE PINES, FL 33028</i>
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 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:  _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date _____ Filing Fee Phone # _____