

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000021033

FILED  
Apr 25, 2007  
Secretary of State

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

**Current Principal Place of Business:**

C/O MARC FIXLER CPA, PA  
1505 NW 159TH AVE  
PEMBROKE PINES, FL 33028

**New Principal Place of Business:**

**Current Mailing Address:**

C/O MARC FIXLER CPA, PA  
1505 NW 159TH AVE  
PEMBROKE PINES, FL 33028

**New Mailing Address:**

FEI Number: 20-0880792

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**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 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SEDLEY, RONALD  
Address: % MARC FIXLER 1505 NW 159 AVE  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: MGRM ( ) Delete  
Name: KATZ, RITA  
Address: % MARC FIXLER 1505 NW 159 AVE  
City-St-Zip: PEMBROKE PINES, FL 33028

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RONALD SEDLEY

MGRM

04/25/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date