2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000067457

1. Entity Name EWE/MEDLEY, LLC

Principal Place of Business

10165 N.W. 19TH STREET MIAMI, FL 33172

Mailing Address

10165 N.W. 19TH STREET MIAMI, FL 33172

FILED Apr 26, 2007 08:00 AM Secretary of State



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04162007 No Chg-LLC CR2E083 (11/05)

4. FEI Number	Applied For
20-3126082	Not Applicable
5. Certificate of Status Desired	\$5.00 Additional

6. Name and Address of Current Registered Agent

EASTON, EDWARD J MR 10165 NW 19TH STREET MIAMI, FL 33172

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The above named entity submits this statement for the purpose of chathe obligations of registered agent.	inging its registered office or registered agent, or both,	in the State of Florida. I am familiar with, and accept
SIGNATURE	(NOTE: Registered Agent signature required when reinstating)	DATE
Filing Fee Is \$50.00 Due by May 1, 2007		

MANAGING MEMBERS/MANAGERS 9. MGR TITLE NAME EASTON, EDWARD J MR 10165 NW 19TH STREET STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33172 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-\$1-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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000000734030 05/09/07-80108-024 50.00

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, OR AUTHORIZED REPRESENTATIVE

Edward J. Rosto

4160

(305) 593-252

Daytime Phone #