2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE:

Apr 10, 2007 8:00 am Secretary of State **DOCUMENT # L05000071222** 04-10-2007 90082 042 ****50.00 1. Entity Name MEDLEY PROPERTIES, LLC Principal Place of Business Mailing Address **60034000** 11002 NW SOUTH RIVER DRIVE 12080 SW 127 AVENUE MEDLEY, FL 33178 US #202 MIAMI,, FL 33186 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 6813 S.W. 81 STREE Suite, Apt. #, etc. 04042007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For liamı 20-3178623 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired 4iami-DADE Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LISTA, WALTER A JR Street Address (P.O. Box Number is Not Acceptable) 6784 SW 97 STREET PINECREST, FL 33156 City 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, typed or printed name of registered agent and title it applicable (NOTE, Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. TITLE Delete TITLE Change ☐ Addition NAME LISTA, WALTER A JR 6784 SW 97 ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PINECREST, FL 33156 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition TITLE NAME NAM STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE Delete Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-S1-ZIP 11. Thereby 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 plustee empowered to execute the report as required by Chapter 608, Florida Statutes.