

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000001472

FILED
Mar 26, 2007
Secretary of State

Entity Name: MEDLEY FLORIDA PROPERTIES, L.L.C.

Current Principal Place of Business:

9130 S. DADELAND BLVD., SUITE 1600
MIAMI, FL 33156

New Principal Place of Business:

Current Mailing Address:

9130 S. DADELAND BLVD., SUITE 1600
MIAMI, FL 33156

New Mailing Address:

FEI Number: 20-4063229

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUZMAN & GUZMAN, P.A.
9130 S. DADELAND BLVD., SUITE 1504
C/O MARIO GUZMAN
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

GUZMAN & GUZMAN, P.A.
9130 S. DADELAND BLVD., SUITE 1600
C/O MARIO GUZMAN
MIAMI, FL 33156 US

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:

03/26/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GOLDEN FEDERAL, CORP,
Address: 9130 S. DADELAND BLVD., SUITE 1504
City-St-Zip: MIAMI, FL 33156

Title: MGR () Delete
Name: RONDON, HENRY N
Address: 19720 NW 9TH DRIVE
City-St-Zip: PEMBROKE PINES, FL 33029

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: RONDON, HENRY N
Address: 19720 NW 9TH DRIVE
City-St-Zip: PEMBROKE PINES, FL 33029

I hereby certify that the information supplied with this filing does not qualify for the 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: HEBRY RONDON

MGR

03/26/2007

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