2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000078081

262 ALMERIA AVENUE

CORAL GABLES, FL 33134

Address:

City-St-Zip:

Entity Name: MEDLEY PALMS PARK OF COMMERCE, LLC

FILED Apr 08, 2009 Secretary of State

| Current Principal Place of Business: | | New Principal Place of Business: | |
|--|------------------------------------|---|---------------------------------------|
| 262 ALMERIA AVENUI STE 210 CORAL GABLES, FL | | | |
| Current Mailing Address: | | New Mailing Address: | |
| 262 ALMERIA AVENUI STE 210 CORAL GABLES, FL | | | |
| FEI Number: 20-5706630 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () |
| Name and Address of Current Registered Agent: | | Name and Address of New Registered Agent: | |
| VALDES, MANUEL F E 4000 PONCE DE LEOI CORAL GABLES, FL 3 | N BLVD. | | |
| The above named entit in the State of Florida. | y submits this statement for the p | ourpose of changing its registere | d office or registered agent, or both |
| SIGNATURE: | | | |
| Electronic Signature of Registered Age | | ent | Date |
| MANAGING MEMBERS/MANAGERS: | | ADDITIONS/CHANGES: | |
| Title: MGR Name: VF MEDLEY | () Delete LLC | Title: Name: | () Change () Addition |

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: AUGUSTO FONTE MGR 04/08/2009