

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000094730

Entity Name: MEDLEY VENTURES, LLC

FILED  
May 02, 2007  
Secretary of State

## Current Principal Place of Business:

1200 PONCE DE LEON BLVD.  
CORAL GABLES, FL 331343323

## New Principal Place of Business:

1200 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33134

## Current Mailing Address:

1200 PONCE DE LEON BLVD.  
CORAL GABLES, FL 331343323

## New Mailing Address:

1200 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33134

FEI Number: 20-5650113      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

RAULIN, KURT  
1200 PONCE DE LEON BLVD.  
CORAL GABLES, FL 331343323 US

## Name and Address of New Registered Agent:

GAMBIN, FRANCISCO A  
1200 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33134 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: FRANCISCO A GAMBIN

05/02/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition  
Name: BOSCHETTI, LUIS R  
Address: 1200 PONCE DE LEON BLVD  
City-St-Zip: CORAL GABLES, FL 33134

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: LUIS R BOSCHETTI

MGR

05/02/2007

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