

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000058154

FILED
Apr 30, 2009
Secretary of State

Entity Name: MEDLEY ON THE RIVER, LLC.

Current Principal Place of Business:

5111 S.W. 153RD PL
MIAMI, FL 33185 US

New Principal Place of Business:

5111 S.W. 153RD PL NORTH
MIAMI, FL 33185 US

Current Mailing Address:

5111 S.W. 153RD PL
MIAMI, FL 33185 US

New Mailing Address:

5111 S.W. 153RD PL NORTH
MIAMI, FL 33185 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZACARIAS, XIMENA
5111 S.W. 153RD PL
MIAMI, FL 33185 US

Name and Address of New Registered Agent:

ZACARIAS, XIMENA
5111 S.W. 153RD PL NORTH
MIAMI, FL 33185 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: _____ 04/30/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ZACARIAS, XIMENA
Address: 5111 S.W. 153RD PL
City-St-Zip: MIAMI, FL 33185

Title: MGRM () Delete
Name: ZACARIAS, JORGE
Address: 5111 S.W. 153RD PL
City-St-Zip: MIAMI, FL 33185

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ZACARIAS, XIMENA
Address: 5111 S.W. 153RD PL NORTH
City-St-Zip: MIAMI, FL 33185

Title: MGRM (X) Change () Addition
Name: ZACARIAS, JORGE
Address: 5111 S.W. 153RD PL NORTH
City-St-Zip: MIAMI, FL 33185

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: XIMENA P ZACARIAS MGRM 04/30/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date